



VOLLEYBALL CLUB

6UP VOLLEYBALL REGISTRATION FORM

NAME: _____
 ADDRESS: _____
 POSTAL CODE: _____ BIRTH DATE: _____
 TEL (HOME): _____ OTHER: _____
 EMAIL: _____
 SCHOOL: _____ GRADE: _____

SHIRT SIZE: *Please Circle* **Youth:** XS S M L XL **Adult:** XS S M L XL 2XL 3XL

EMERGENCY CONTACT INFO:

NAME: _____ RELATION: _____
 TEL (DAY): _____ TEL (EVENING): _____

NAME: _____ RELATION: _____
 TEL (DAY): _____ TEL (EVENING): _____

MEDICAL INFO:

Please specify any past or present injuries, medical conditions or allergies:

Medications and who can administer them:

I acknowledge that the information contained in/on the registration and waiver forms is accurate.

The safety of the players is of prime importance and all attempts are made to manage the foreseeable risks as effectively as possible. The risk of injury exists in all athletic activities, and may range from minor sprains and bruising to more serious injuries. I accept and acknowledge the risks involved and agree that these injuries result from the nature of the activity itself, and are not caused by the fault of 6UP Volleyball Club, volunteers, agents, etc. I take full responsibility for any injuries, harm, damages, that falls upon my/my child's person or property during any activity while participating in any activity with this

team/program. I release Fenton Waul, Steve Cyrille, Liza Tilander, their sponsors, affiliated organizations/person(s) or used facilities from any liability, should any injury, harm or damage occur to my/my child's person while taking part in any activity with this team/program.

SIGNATURE: _____ DATE: __

SIGNATURE: _____ DATE: __

(signature of parent/guardian if member is under 18 yrs of age)