

S.V.H.E Volleyball Registration Form

Player's Name: _____

Birthdate: _____ Grade: _____

Height: _____ Weight: _____ Chest: _____ Waist _____

Allergies or other medical problems: _____

Parent's Names: _____

Phone Numbers: Home: _____ Work: _____

Cell: _____ Email: _____

Authorization:

I, the undersigned parent or guardian of _____
(name of child) a minor, do hereby authorize any coach of the S.V.H.E volleyball sports program or her designee to select hospital facilities and/or physician of her choice and authorize treatment of the above named volleyball player on an emergency basis in the event such treatment becomes necessary as a result of the participation in the S.V.H.E volleyball sports program including transportation to and from games. I hereby grant permission for her to participate in the S.V.H.E. volleyball sports program, and acknowledge the fact that she is physically able to participate in sports activities. I will be responsible for all medical bills incurred as a result of illness or accidents for which medical treatment is necessary while the above named minor is participating in sports activities, except those bills covered by insurance.

Parent Signature: _____ Date: _____

Areas in which I, as a parent, would like to volunteer to help the team effort:
(Help needed with scorebook, line judging, fundraiser, etc.) Please list below:

Volleyball General Fee - \$50

Non-Member fee per family per year - \$30

Each child who doesn't participate in a fundraiser will pay an extra \$20

Paid _____