

CCAC Youth Volleyball Sign Up Form

LAST NAME _____ FIRST NAME _____ MI _____
ADDRESS _____ CITY _____ ST _____ ZIP _____
HM PHONE _____ DOB _____
MEDICAL CONDITIONS _____

EMERGENCY CONTACT _____ RELATIONSHIP _____
EMERGENCY CONTACT NUMBER _____ CELL _____

PARENT INFORMATION

MOTHER _____ PHONE _____
FATHER _____ PHONE _____
HOME EMAIL ADDRESS _____
SPECIAL CONSIDERATIONS _____

INTERESTED IN COACHING OR ASSISTING YES NO (CIRCLE ONE) SHIRT SIZE IF YES _____
(COACHES MUST ATTEND CERTIFICATION PROGRAM)

PARTICIPANTS YEARS OF EXPERIENCE _____ PREVIOUS POSITIONS _____
SHIRT SIZE: YS YM YL AS AM AL AXL AXXL SHIRT # _____ 2ND _____ 3RD _____

AGE GROUP (circle one): Middle School (7th & 8th Grade) High School
PROGRAM (circle one): Men's Women's Coed

COST

\$170/team (includes t-shirt) _____ X \$170 = _____

TOTAL _____

**** NO REFUNDS

For more information call the CCAC at 269-6663

PLEASE READ CAREFULLY AND SIGN BELOW

PLAYERS NAME _____ **DOB** _____
ALLERGIES/MEDICATIONS/CONDITIONS _____

FAMILY PHYSICIAN _____ **PHONE** _____

EMERGENCY AUTHORIZATION

I, the undersigned parent or legal guardian of the minor participant, hereby authorize the coaches, assistant coaches or program supervisors as my agent to consent to emergency medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the emergency contact person.

PARENT OR GUARDIAN SIGNATURE _____ **DATE** _____

WAIVER OF LIABILITY/DISCLAIMER/PERMISSION

I, the parent or guardian of the above named participant, understand that this activity may involve some risk of injury. By signing below, I release the facility, the program Directors, Coaches and all associated with the program, from any and all claims arising from illness, injury, death or damages that may occur while participating in the youth volleyball program.

I attest that my child is physically capable of participating in this program.

I also authorize the use of my child's name and photograph in any legal promotion of this program, including broadcasts, news releases, telecasts or written accounts while participating in this program.

PARENT OR GUARDIAN SIGNATURE _____ **DATE** _____