**HIGH SCHOOL** **SUMMER LEAGUE**

**PLAYER REGISTRATION**

SCHOOL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VARSITY JV FRESHMAN \_\_\_\_\_\_\_

**Player Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CIRCLE ADULT SHIRT SIZE: S M L XL

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Player Phone Number: ( )\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_

**Parent or Guardian Information**

Names:

Email Address:

Emergency Phone: ( ) Contact Name:

Emergency Phone: ( ) Contact Name:

WAIVER RELEASE

By signing below I give consent for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the volleyball

summer league to be held at schools in Revolution Sports Facility in 2018. I hereby certify that she is physically capable of participating and I realize that there are risks involved in participating in the league. Knowing the risks involved, by signing, I, on my behalf and that of my child, our heirs, administrators and executors, release and agree to hold harmless Revolution Sports Facility, Revolution Volleyball Club, and all persons or entities associated with Revolution and the summer league from any responsibility and/or liability for any and all claims, demands, damages, costs, causes of action, and expenses arising out of or resulting from my child's participation in and involvement with this league and program, including personal injury, disability, or property damage that may be incurred throughout the duration of this league.

*In the event of a serious medical emergency, I hereby consent to and authorize treatment for my child by medical personnel until I can be contacted.*

After reading this release, I fully understand and accept all conditions as outlined for permitting my child to participate in this summer league.

Signature of Player:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cost per player is $50**

(if using a check, make payable to Revolution Volleyball)

**RETURN THIS FORM TO YOUR HIGH SCHOOL COACH BY MAY 15th**