



www.islandvolleyballclub.com

ISLAND VOLLEYBALL CLUB REGISTRATION AND RELEASE FORM

PLAYER INFORMATION

Player's Name: _____ Date of Birth: ___/___/_____

Address: _____ City: _____ Zip Code: _____

Home Phone Number: (____)_____ Player's Cell Phone: (____)_____

Grade (or grade in fall if currently summer): _____ School Attending: _____

Playing Position(s): Setter Middle Outside Opposite Defensive Specialist

Height: _____ T-Shirt Size (adult sizes): S M L XL Waist Size (in.): _____

Uniform Number Preference (1 - 99): 1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Player's Email Address: _____ Please List Any Conflicts With Schedule on back.

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Name: _____ Email: _____

Wk. Phone: _____ Cell Phone: _____ Hm. Phone: _____

Parent/Guardian 2 Name: _____ Email: _____

Wk. Phone: _____ Cell Phone: _____ Hm. Phone: _____

IMPORTANT

By signing below, I/we, the parent(s)/ legal guardian(s) of the above named player hereby give my/our approval to participate in any and all volleyball and other Island Volleyball Club program activities ("Programs"), including but not limited to, try outs, practices, tournaments, conditioning, fund raising, recreation, and transportation to and from the Programs. I/We know that volleyball is a strenuous activity and that participation may result in serious injuries. In consideration of the player's participation in the Programs, I/we, for myself/ourselves and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify Island Volleyball Club, Jeffrey S. Silverman, USA Volleyball, NCVA, AUSD, OUSD, the owners and operators of all indoor or outdoor facilities used for the Programs, and their respective directors, officers, employees, agents and representatives, from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I/We further grant Island Volleyball Club and Jeffrey S. Silverman the right to use the player's name, picture and/or likeness in printed, broadcast, internet, and other material concerning the Programs. I/We further agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as when received except for normal wear and tear. I/We will furnish a certified birth certificate of the above named participant upon request.

Parent(s) or Guardian(s) Signature(s): _____ Date: ___/___/_____

_____ Date: ___/___/_____