

**ANTIGO VOLLEYBALL BOOSTER CLUB
SPRING LEAGUE 2018 - REGISTRATION FORM**

STUDENT'S NAME: _____

AGE _____ GRADE _____ BIRTHDATE: _____

MOTHER'S NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE #: _____ CELLPHONE # _____

FATHER'S NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE #: _____ CELLPHONE # _____

MEDICAL CONDITIONS WE SHOULD BE AWARE OF _____

RELEASE FROM LIABILITY AND NEGLIGENCE

"I, THE UNDERSIGNED, DO HEREBY RELEASE THE Antigo Volleyball Booster Club, their landlords or lessors, from any and all liability for injury to my person or child, or damage to property, whether based on allegations of negligence or not; in any way incurred by reason of my child's participation in the Antigo Volleyball Booster Club Youth volleyball program."

***PARENT SIGNATURE:** _____

NOTE: AVBC MUST HAVE A SIGNED WAIVER and MEDICAL AUTHORIZATION (below) BEFORE BEING ALLOWED TO PARTICIPATE. (parent/guardian if under age)

EMERGENCY MEDICAL AUTHORIZATION

In the event reasonable attempts to contact me at (phone) _____ or (2nd phone) _____ have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by Dr. _____ phone _____ or any hospital reasonably accessible. This authorization does not cover major surgery unless the opinions of two other licensed physicians, concurring in the necessity for the surgery, are obtained prior to the performance of such surgery.

Medical Insurance Company _____
Policy Number _____

***PARENT SIGNATURE:** _____

I would like to be member of the Antigo Volleyball Booster Club and receive emails with information on Club meetings and Activities. Please use the above addresses to contact us Yes No

Club Use Only REGISTRATION FEE: \$50.00

DATE REGISTRATION FEE PAID _____ CASH _____ CHECK _____ # _____