



Evolve Volleyball Kids

Registration Form

Session Dates: _____ Registration Fee: _____ Payment Method: Cash/Cheque/E-transfer

*Payment (Cheque: Volleyball Kids or E-mail: evolvevolleyballkids@gmail.com or cash) must be made before the start date.

Participant Information: PLEASE PRINT CLEARLY

Name:		DOB:
Parent/Guardian Name:		
Phone Number(s):	(H)	(C)
Email Address:		
Mailing Address:		
Emergency Contact: (Name & Phone)		
Medical Information: (All relevant information)		
How did you hear about Evolve Volleyball Kids?		

Agreement, Release, Waiver and Indemnity:

I, _____ parent/guardian of _____, hereby register and agree to hold harmless Evolve Volleyball Kids coaches, volunteers and directors and officials from any and all injuries sustained while participating in the skill development program. I for myself and my heirs, hereby release, waive and forever discharge the Evolve Volleyball Kids, directors and officials, from all claims, demands, damages, costs, expenses in respect to death, injury, loss or damage to my person or property howsoever caused, by reason of my participation in this league notwithstanding that same may have been caused or contributed to by the negligence of the aforesaid. I further agree to indemnify the aforementioned parties and hold them harmless should any such claim be made on my behalf. By submitting this entry, I acknowledge having read, understood and agreed to the above agreement, release, waiver and indemnity. I warrant that I am physically able to participate in this league.

Signature: _____ Date: _____