



CENTRAL VIRGINIA VOLLEYBALL DEVELOPMENTAL PROGRAM REGISTRATION FORM

To enroll in the CVV developmental program, please complete and return this form along with the \$100 registration fee made payable to: **Central Virginia Volleyball.**

Mail to:
Central Virginia Volleyball
PO Box 4575
Lynchburg, VA 24502

PLAYER INFORMATION

Name: _____ Grade: _____

Address: _____

City: _____ Zip: _____ DOB: _____

Phone: _____ Email: _____

School: _____ # of years played: _____

You will be notified of registration by email! Please print clearly and be sure to double check accuracy. This will be our only means of confirming registration.

EMERGENCY CONTACT INFORMATION

1) Name: _____

Relationship to participant: _____ Phone: _____

2) Name: _____

Relationship to participant: _____ Phone: _____

Central Virginia Volleyball Release Form:

In consideration of the permission granted to my child/children by Central Virginia Volleyball, Inc. to participate in this developmental 2012 season, I hereby release Central Virginia Volleyball, Inc. and the City of Lynchburg, its agents and employees, from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators, or assigns may have against Central Virginia Volleyball, Inc., and other described parties for all personal injuries known or unknown to my child has/have or may incur by participating in the volleyball program and hereby knowingly assume the risk that such child may be injured in such activity. I also hereby attest that my child is physically fit and has no ailment or deformity that should prevent him or her from participating in volleyball. I further authorize Central Virginia Volleyball, Inc. officials to take the proper steps to provide medical attention should he or she be injured while playing or being transported to or from any Central Virginia Volleyball, Inc. sponsored activity, and I hold said officials and Central Virginia Volleyball, Inc. harmless therefore. I have read this release and understand all its items. I execute it voluntarily and with full knowledge of its significance. I give permission to CVVB to use my child's picture or likeness, which may be taken at any sanctioned activity or event for the use in advertising, promotional material, web-site, displays or publications. I authorize Central Virginia Volleyball, Inc. To share player data submitted with our partner the City of Lynchburg

PARENT
SIGNATURE: _____ DATE: _____

FAMILY DOCTOR: _____ PHONE _____

****PLEASE LIST ANY MEDICAL CONDITIONS YOUR COACH SHOULD BE AWARE OF:**

