

Registration Form

Name: _____

E-mail: _____

Address: _____

Gender: Boy or Girl Grade: _____
(Current)

City: _____ State: _____ Zip: _____

_____ Volleytot (\$85) _____ Miniball (\$125)

Phone : _____

T-shirt: Y-S Y-M Y-L S M L
(Youth sizes) (adult sizes)

Release Form

Release Made _____ For _____
(Date you complete this form) (Name of Participant)

To participate in the Volleytot/MiniBall Program during the spring of 2009

I hereby agree to assume any and all responsibility for injuries sustained by my child (named above) by participating in this volleyball program. I also hereby hold free and harmless the Rochester Youth Volleyball Association, the coaches, City of Rochester, Rochester Park & Recreation department, and its employees from any personal injuries, known or unknown, and injuries to property caused by or arising from participation in the above mentioned volleyball camp.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Please elaborate on any medical conditions of which we should be aware: _____

Any medications currently being taken: _____

Any allergies: _____

If None, please write None.

(Signature of parent or guardian)

(Date signed)

(Emergency Contact)

(Phone Number)

Make checks payable to:
RYVA

Return completed form, with payment to:

National Volleyball Center
Attn: Volleytot/Mini Volleyball
2601 Viola Rd NE
Rochester, MN 55906