



# EverGreen Academy

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## **Volleyball Registration Form**

Player's Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Jersey/Shirt Size \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

I would like to volunteer coach      YES or NO

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

### **LIABILITY WAIVER:**

I, the parent or guardian of the registrant, a minor, agrees that I and the registrant will abide by the rules and regulations of EverGreen Academy, SSPL and their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with sports and in consideration for EverGreen Academy accepting the registrant for its sports program and activities (the "Program"), I hereby release, discharge and/or otherwise indemnify EverGreen Academy, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Program and/or being transported to or from the same, which transportation I hereby authorize.

Parent or Guardian (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_