

# McKenna Spikes Volleyball League

## Registration Form — Fall 2017

### PARTICIPANT CONTACT INFORMATION

First Name		Last Name	
Date of Birth	Age	Grade (2017-2018 School Year)	
Primary Phone		Secondary Phone	
Address		City	Zip
Parent/Guardian Names		Seasons of Volleyball Played	0   1   2   3+
Shirt Size (circle one) Youth S M L   Adult S M L			
Emergency Contact Name		Emergency Contact Number	
Email 1		Email 2	

Would you be willing to coach or assistant coach your child's team?    Yes    No

If yes, please print: Name \_\_\_\_\_

Best Way To Contact You \_\_\_\_\_ PLEASE COMPLETE BACKGROUND RELEASE

Do you want to receive emails about future youth sports events from McKenna?     Yes     No     Already on list

#### McKenna New BraunFit RELEASE OF LIABILITY STATEMENT

*(This statement **must be** read and signed by a parent or guardian of each participant prior to the start of league.)*

I have given permission for my child to participate in the Spikes Volleyball League at the McKenna New BraunFit Gym. I understand that playing Girls Volleyball requires a degree of physical fitness and I attest that my child is in good health and able to safely participate in the league. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby forever waive any and all rights for claims for damages I may have against McKenna and any of these organizations' sponsors, and all their respective officers, directors, subsidiaries, agents, volunteers and employees for any and all injuries, losses, claims, damages, demands, liabilities, actions or causes of action sustained by my child as a result of his/her participation in the league. I knowingly and freely assume all risks, both known and unknown, and assume full responsibility for my child's participation.

I also authorize McKenna to photograph or permit other persons to photograph me or my child while participating in the league. I agree McKenna may use these photos for the purpose of posting about the event on their website, on social media sites such as Facebook and in the marketing or advertising for future sports events. I understand that McKenna agrees not to include my child's name or any identifying information when using the photographs. I release McKenna and any of their authorized representatives from any liability in regards to the use of the photographs.

I understand that none of the above mentioned organizations provide injury or liability insurance for the players or parents and that it is my responsibility to determine what, if any, insurance coverage I have for my child.

**I HEREBY VERIFY THAT I HAVE READ AND UNDERSTAND THE CONTENTS OF THE ABOVE DOCUMENT AND ACKNOWLEDGE SAME BY MY SIGNATURE HERETO:**

PRINTED NAME	SIGNATURE	DATE	RELATIONSHIP TO PLAYER
<b>I AUTHORIZE THAT THIS IS MY SIGNATURE AND THAT MCKENNA WILL NOT BE HELD RESPONSIBLE FOR FALSE REPRESENTATION.</b>			

Payment may be made at the gym front desk, faxed to (830) 606-9535 or over the phone by calling (830) 606-9507. League size is limited. If faxing in registration form, please call to confirm availability.

**Practices Start:** September 18th    **Last Game:** November 11th

**Cost:** \$55 (+18 for non-members)

TOTAL PAID

Method of payment:     Cash     Credit Card     Check    Make checks payable to McKenna New BraunFit,

Cardholder Name \_\_\_\_\_ Credit Card Number \_\_\_\_\_

As it appears on the card

Exp Date (MM/YY) \_\_\_\_\_ Signature \_\_\_\_\_

**PAYMENT REQUIRED AT THE TIME OF REGISTRATION**    \_\_\_\_\_ **STAFF INTIALS**