

Adult Registration Form Year: _____ **Spring or Fall**

ADULT VOLLEYBALL

Please check our website (wbcyc.org) or call us for program cost and eligibility requirements for each program.

Participant Information: (please print)

Last Name: _____ First name: _____
 Address: _____
 City/Town: _____ Zip: _____
 Email: _____ Cell Phone: _____
 Date Of Birth: _____ Age: _____ Gender: _____
 School: _____ Grade (currently/this year) _____

Emergency Contact: (please print)

Contact Full Name: _____ Relationship to participant: _____
 Home/Cell Phone: _____

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 I hereby give permission for the above registrant to participate in the WBCYC program selected above. I understand that I am responsible for the care of any equipment used. I will return the equipment promptly when requested to do so by the WBCYC Coach, Counselor or League Official. I fully understand that the registrant will play according to the rules governed by the League or Clinic Officials. I give permission for the League to utilize the registrant's team or individual photo for the WBCYC programs, website, promotional literature or press releases in local media.

I hereby certify that participant is in good physical condition to the best of my knowledge. I will not hold the WBCYC liable for any pre-existing conditions. I assume all risks and hazards incidental to such participation including transportation to and from activities. I hereby waive, resolve, absolve, indemnify, and agree to hold harmless the WBCYC, the organizers, sponsors, supervisors, and participants for any claims arising out of an injury to the registrant, except to the extent and in the amount covered by accidental or liability insurance. **Additionally, I am aware that I am responsible to report to the WBCYC Program Director, any injury to registrant related to League play immediately. Failure to report an incident within 24 hours of the incident will result in the claim not being processed.**

***CHIP Parent or Guardian (over 18yrs) – 1. MUST stay at the WBCYC during the child's class 2. MUST sign the child in and out of class 3. MUST have ID. All parents or guardians will wait in the parent room for the duration of class. Excessive absences and aggressive behavior will not be tolerated. A trial period of _____ will determine the eligibility of the participant. NO Siblings are permitted to play during class.**

Signature

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Official Use Only: Date Received: _____ Donation: _____ Check _____ Cash _____
 Check#: _____ Receipt #: _____ Waiver _____
 Initials: _____
