

Huron Valley Volleyball Club Boys/Men Volleyball Registration



Huron Valley Sports Center
815 Woodland Dr., Saline MI 48176

Personal Information:

Player Name: _____ School: _____ Grade: _____

Address: _____

Home Phone: _____ Player's Cell Phone: _____

Email: _____

Mother/Guardian Name: _____

Address (if different): _____

Phone: _____ Email Address: _____

Father/Guardian Name: _____

Address (if different): _____

Phone: _____ Email Address: _____

Player's name, jersey number, and school be posted on our club's website? Yes No

Player Information

Player's Birthday: ____/____/____ USAV/AAU age division is based on age as of August 31, 2014.

Uniform (adult sizes) Jersey: S M L XL Shorts: S M L XL

Returning Player: Yes No

Training/Team Fees

Practices are two hours and held for Fall (Sep-Nov), Winter (Dec-Feb) and Spring (Mar-May) seasons. If we go to tournaments, there is an additional fee for each tournament that will be calculated when it is scheduled.

Training Sessions Per session (\$10) All Season (\$75)
Rec League (Thursdays) Season (\$45) – require All Season Training

Total _____

Waiver

Player and Parent(s) understand and acknowledge that volleyball is a vigorous and potentially dangerous activity and that participation in practices and matches poses risks to the Player's well being and carries with it the potential for property loss, serious injury, or death. I realize there are risks inherent in any sport and I hereby assume those risks. Players and Parents (or Guardians) desire Player's participation and release and hold harmless and indemnify from any and all claims of liabilities for injury or damages of any kind, which arise out of or relate to my participation in, or my traveling to and from a volleyball event, the following persons or entities: Huron Valley Volleyball Clubs, Dexter Volleyball Club, Inc., their directors, officers, coaches, agents, tournament directors, Dexter Community Schools, Chelsea Public Schools, Ann Arbor Public Schools, Saline Public Schools and Ann Arbor Plastics, and I agree not to sue any of the persons or entities mentioned above.

Parent or Guardian Signature

Date

Administration (For HVVC use only – Do not write in this area)

Tryout Fee: \$ _____ Check # _____ Returning Player _____ Birth Cert _____ USAV Medical Info _____