

Huron Valley Volleyball Club Adult Clinic Registration



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

Player Information:

Name: _____

Address: _____

City, St Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Birthdate: _____

Waiver

I understand and acknowledge that volleyball is a vigorous and potentially dangerous activity and that participation in practices and competition 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. I 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.

Player Signature

Date

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

Tryout Fee: \$_____ Check #_____ Returning Player_____ Birth Cert_____ USAV Medical Info _____