

# 2012 Youth League Volleyball Registration

**Registration Fee** **\$195.00**

Make checks payable to: BAC Volleyball

Years Played...

In-house \_\_\_\_\_ YL \_\_\_\_\_ JO \_\_\_\_\_

Player Name \_\_\_\_\_

School Attending \_\_\_\_\_ Grade Entering(Fall of 2012) \_\_\_\_\_

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

Home Address \_\_\_\_\_

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

Home Phone/s: \_\_\_\_\_ Cell/s: \_\_\_\_\_

Parents Primary E-mail (mandatory): \_\_\_\_\_

Parents Alt. E-mail: \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Scholarship \_\_\_\_\_

**WAIVER AND CONSENT** As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate in BAC volleyball.

I understand that there are certain risks of injury inherent in the practice and play of volleyball, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the Burnsville Athletic Club, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

**PLEASE LIST ANY PHYSICAL LIMITATIONS (ALLERGIES, HEARING, SIGHT ETC.)** \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_