

Fun with Volleyball

(For Girls Entering 2nd Grade this coming fall)

Registration Fee: \$95.00 Make checks payable to: BAC

Player Name _____ School _____

Parents/Guardians (Please Print) _____

Best Contact Phone _____ Best Contact Cell _____

Home Address _____

(City)

(Zip Code)

Best E-mail Address (required) **PLEASE WRITE LEGIBLY!**

Best E-mail Address (confirm) **PLEASE WRITE LEGIBLY!**

Parents are you willing to help? Yes/No _____

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 _____