

BAC In-House Volleyball Registration

List Player/Team Requests Here!

Registration Fee \$140.00

Make checks payable to: BAC

Years Played In-house: _____

Player Name _____

School _____ Grade (Entering in the Fall) _____

Parent/Guardian Name _____

Home Address _____

City: _____ Zip: _____

Best Contact Phone: _____

Best E-mail Address: _____

PLEASE WRITE LEGIBLY!

Volunteer (parent) coaches and helpers are required!

What are you going to/willing to/able to do? (Please answer yes/no/maybe)

Coach: _____ Co-Coach: _____ Helper: _____

Payment Information

Amt. Paid \$ _____ Check# _____ Cash _____ Req. 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 _____