



# Volleyball Clinic Registration Form

|   |                 |                         |                 |            |
|---|-----------------|-------------------------|-----------------|------------|
| Participants Name   |                 | Age                     | Sex             | Birthdate: |
| Street Address  |                 |                         | T-shirt Size    |            |
| City  |                 | State                   |                 | Zipcode    |
| Parent/Guardian   |                 | Other/Emergency Contact |                 |            |
| Phone   | Alternate Phone | Phone                   | Alternate Phone |            |
| Email Address   |                 |                         |                 |            |
| Please list any information you feel that we should know in order to better care for your child (special needs, allergies, medications, etc.) |                 |                         |                 |            |

|   |   |                 |
|---|---|-----------------|
| Which school will the player attend in the fall?  |   | Graduation Year |
| Years of volleyball played  | Which other sports has the player played? |                 |
| Which position(s) is the participant most interested in playing? (circle all that apply)  |   |                 |
| <input type="checkbox"/> Setter <input type="checkbox"/> Libero <input type="checkbox"/> Outside Hitter <input type="checkbox"/> Middle Blocker <input type="checkbox"/> Rightside Hitter <input type="checkbox"/> Not Sure |   |                 |

|                  |               |       |
|------------------|---------------|-------|
| Family Physician |               | Phone |
| Medical Insurer  | Group/Policy# |       |

A registration form **MUST** be on file with Mount Paran Sports Department **BEFORE** participation in any regularly scheduled volleyball clinic activities. Forms can be turned-in to the clinic coach or mailed to Mount Paran North, Attn: Sports Dept., 1700 Allgood Road, Marietta GA 30062.

|          |  |
|----------|--|
| initials | [MANDATORY] For and in consideration for allowing my child to participate in its athletic program, I, the undersigned parent or guardian of the above named child, do hereby agree to indemnify and hold harmless Mount Paran North Church of God, officials, coaches, volunteers and staff of the Mount Paran Sports Department and the Fellowship of Christian Athletes from any and all liability from the above named child's activities of any nature with Mount Paran Sports Department. |
| initials | [MANDATORY] I hereby request and grant permission to coaches and other officials of Mount Paran Sports Department to provide reasonable care to my child named above in the event of injury or illness during any team activity if I am not present. Such care may include first aid treatment, transporting to medical facility or the summoning of emergency assistance (ambulance, rescue, etc.).   |
| initials | [OPTIONAL] I give permission for my child's photograph or video image to be used on promotional, informational or education materials, press media, and possible publication on the internet for positive public relations purposes.   |

Parent/Legal Guardian's Signature

Date

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