



Peachtree Volleyball Registration Form 2010 Setters Only Clinic

Office Use Only:
Check #: _____

Session: ___ Setters Only Clinic July 17, 10am-Noon;
___ Setters Only Clinic July 24, 10am-Noon
___ Setters Only Clinic July 31, 10am-Noon

(1 session \$50, 2 sessions \$90, 3 sessions \$120) Checks payable to Peachtree Volleyball.

Player Info:

Name: _____ Grade: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Email: _____ Volleyball Experience: _____

Parent Info:

Name: _____ Address (if different): _____
City: _____ Zip: _____ Phone: _____
Cell: _____ Email: _____

I'll be (___ at work OR ___ at home) during clinic hours. If "At work" is checked, please fill in:

Work Phone: _____ Employer: _____

MEDICAL INFORMATION

Allergies/Allergy Medications: _____

Current Medications: _____

Chronic Illnesses/Medical Conditions/Prior Injuries: _____

Physical Limitations or Handicaps: _____

Any other information that would help us in coaching your child: _____

AUTHORIZATION FOR RELEASE OR EMERGENCY FORM AND RELEASE OF LIABILITY

1. Permission is granted to the officials, staff, volunteers of Peachtree Volleyball and Simpsonwood United Methodist Church (SUMC) to administer First Aid, to obtain services of a Licensed Physician, and to arrange transportation to nearest hospital in case the child named above is seriously ill, injured or requires hospitalization or medical treatment.
2. Permission is also granted to Attending Physicians to render whatever treatment they deem necessary for the player's welfare. The responsibility for all expenses incurred will be assumed by the individuals whose signature appears below.
3. I hereby release and discharge the officials, staff and volunteers of Peachtree Volleyball and SUMC from any and all liability in case of accident or any other injury which might occur my child through administering First Aid or transportation to a medical facility. I hereby release any and all of the above from any liabilities because of any injury or damage which might occur while in the care of the officials, staff and volunteers.
4. I understand the risk of injury to my child from the activities involved in this program is significant and the risk of serious injury does exist.
5. I, for myself, spouse and child/ward, knowingly and freely assume all such risks, both known and unknown and hereby release and hold harmless Peachtree Volleyball and SUMC with respect to any and all injury, disability, death or loss or damage to person or property.
6. I have read and understand this Authorization for Release or Emergency and Release of Liability Form and understand that I have given up substantial rights by signing on the signature line and sign it freely and voluntarily.

Child's name: _____ Parents Name: _____

Signature of Parent: _____ Date: _____

Insurance Company: _____ Phone: _____

Name of Insured: _____ Policy #: _____ Group #: _____

SPACE IS LIMITED. PLEASE PRINT, COMPLETE, SIGN, AND MAIL THIS FORM AND CHECK TO:
3855 HIGH SHOALS DRIVE, NORCROSS, GA 30092 TO RESERVE YOUR SPOT. REGISTRATION DEAD-
LINE IS THURSDAY PRIOR TO THE SESSION REQUESTED. MINIMUM 4 PLAYERS, MAX 12 PLAYERS
PER SESSION. EMAIL PEACHTREEVOLLEYBALL@GMAIL.COM FOR AVAILABILITY INFO.

You will receive an email confirmation with additional information once your form is received.

Please place "peachtreevolleyball@gmail.com" in your "safe" email list. Call 770-842-7764 with any questions.