



SPECTRUM VOLLEYBALL CLUB PLAYER REGISTRATION FORM

PLAYER INFORMATION:

(Please fill out completely and have your parent sign at the bottom.)

First: _____, Last: _____, Gender: M / F

Age: _____, Date of Birth: _____, Grade: _____,

Height: _____, Weight: _____,

Position: Outside Hitter Middle Blocker Setter Opposite Libero

(You may circle more than one.)

What school do you attend? : _____,

Home address: _____,

City: _____, CA Zip: _____,

E-mail Address: _____,

Home Phone: (_____) _____, Cell Phone:(_____) _____,

Parent/Guardian Names: _____,

Any and all risks assumed by participant in all aspects of the SPECTRUM VOLLEYBALL CLUB (SVBC) PROGRAM, and any other exercise or activity available at the Athletic Society (AS), shall be undertaken by said participant. The SVBC and AS shall not be liable for any claims, demands, injuries, or cause of action whatsoever to person or property connected with the use of any of the services or facilities of the SVBC, AS, or the premises where the same are located or arising out of acts of active or possible negligence on the part of the SVBC, AS, the employees or agents.

I have carefully read this agreement, release, and fully understand its contents. I acknowledge and understand that, by signing this agreement, I agree to assume all risks of participating in the SVBC, and any other exercise or activity available at AS, and in the event of illness or injury, I will have no recourse against the SVBC, AS, its agents, or employees.

Parent's Signature: _____, Date: _____,

Parent's Name (Printed): _____,

Please bring completed form to your workout or email it to
spectrumvolleyballclub@yahoo.com.