

Please print hard using a ball point pen. This form must be signed.

www.usyvl.org

National Office Phone 888-988-7985

Player ID	Returning Player <input type="checkbox"/> Yes <input type="checkbox"/> No	League Name/City	Season	T-shirt Size Please Circle One Youth M L Adult S M L XL	
Last Name		First Name		MI	Nick Name
Street Address			City	State	Zip
Contact E-mail Address	<input type="checkbox"/> Girl <input type="checkbox"/> Boy	Birth date	Age	Grade	Medical Insurance Carrier/ Policy #
Emergency Contact		Emergency Telephone		Physician Name	
Physician Telephone		Name(s) of siblings on the same team?			
Disabled pursuant to American Disabilities Act? <input type="checkbox"/> Yes <input type="checkbox"/> No		USYVL is committed to diversity. Your response is voluntary <input type="checkbox"/> African American <input type="checkbox"/> Asian American or Pacific Islander <input type="checkbox"/> Caucasian? Non Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> Native American			

Father/Guardian

Last Name		First Name		MI	Contact Telephone
Business/Employer	Business Telephone	Contact E-mail address		USYVL is a volunteer organization. I agree to: <input type="checkbox"/> Coach <input type="checkbox"/> Asst <input type="checkbox"/> Registration <input type="checkbox"/> First Aid	

Mother/Guardian

Last Name		First Name		MI	Contact Telephone
Business/Employer	Business Telephone	Contact E-mail address		USYVL is a volunteer organization. I agree to: <input type="checkbox"/> Coach <input type="checkbox"/> Asst <input type="checkbox"/> Registration <input type="checkbox"/> First Aid	

Does this child have any disabilities, handicaps, present injuries or limitations, ADD, allergies, epilepsy, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? [] Yes [] No If yes, please state problems here:

EMERGENCY AUTHORIZATION: I, the undersigned parent or legal guardian of the above player, a minor, hereby authorize the coaches, team parents, the above-identified Emergency Contact and/or other USYVL officials to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical or dental examination and/or treatment. I further authorize the release of the information on this form to any licensed physician, hospital, medical staff member or emergency responder involved in treatment or care. Additionally, I authorize any USYVL staff or volunteer to have access to this information for the purpose of making it available to those persons identified above.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I, the undersigned parent or legal guardian of the above player, a minor, for myself and on behalf of the above player, our heirs, assigns and the next of kin, acknowledge that participation in volleyball necessarily involves travel, play in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. For myself, and on behalf of the above player, our heirs, assigns and next of kin, we willingly and voluntarily accept and assume all such risk.

For myself and on behalf of the above player, I further acknowledge that the United States Youth Volleyball League (“USYVL”) is primarily administered by volunteers rather than paid professionals. For myself and on behalf of the above player, he/she and I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if he/she or I observe any unusual significant concern in his/her readiness for participation and/or in the program itself, I will remove him/her from participation and bring such concern to the attention of the Site Director or Clinician immediately and also of the National Office as soon as possible thereafter.

In consideration of accepting the registration and permitting the voluntary participation of the above-named participant in its programs, for myself and on behalf of the above player, our heirs, assigns and next of kin, I hereby release, discharge and agree to hold harmless and indemnify USYVL, its employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing or authorizing the use of facilities by USYVL, from any and all claims, demands, liabilities, costs, expenses and compensation arising out of or in any way related to any injury or other damage that may result to said participant, the undersigned, and members of my family/ household while participating in or present at any USYVL-sponsored event, including any physical or other injury.

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I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND ACKNOWLEDGEMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND THE ABOVE PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF AND ON BEHALF OF THE ABOVE PLAYER.

Parent/Guardian Signature: _____ Date: _____

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