

RAGE VOLLEYBALL REGISTRATION FORM 2009

Player Name	School Attending	Grade
Division to register for <input type="checkbox"/> 3 rd /4 th Elementary <input type="checkbox"/> 5 th /6 th Elementary <input type="checkbox"/> MS/Jr. Hi.		
Address	Age	Home Phone
City	State	Zip
Mother's Name	Work Phone	E-Mail Address
Father's Name	Work Phone	E-Mail Address
T-Shirt Size <input type="checkbox"/> XXL (50) <input type="checkbox"/> XL(46-48) <input type="checkbox"/> L(42-44) <input type="checkbox"/> M (38-40) <input type="checkbox"/> S(34-36) <input type="checkbox"/> Youth Large <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Small		

Release of Liability

I waive all rights and release all claims that might be held against the Summit-Parkland Youth Association (SPYA), Puyallup School District, the Franklin Pierce School District, Puget Sound Region and Rage Volleyball Club, its employees, volunteers, organizers and agents for all injuries or losses which may be suffered because of my participation or my child's participation in the activities offered by SPYA and the RAGE volleyball league in consideration of permission of the RAGE program to participate in the activity. I consent to my child's participation in the activity of SPYA and the RAGE volleyball league program and authorize the league or its agents to provide emergency medical treatment for my child on my behalf. To the best of my knowledge, my child has no physical or other conditions which would interfere with her participation. I will be responsible for my own medical insurance.

The undersigned parent and natural guardian or legal guardian of the applicant executes the forgoing waiver and Release for and on behalf of the minor names herein. I hereby bind myself, the minor and all other assigns to the terms of the waiver and release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities named in the Waiver and Release for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release. I fully consent to my child's participation in PSR/USAV events.

Signature of Parent: _____ **Date:** _____

I would like to volunteer as a coach for the following school team: _____

Please place me on the same team as: _____

Coach T-Shirt Size: ___XXL ___XL ___L ___M ___S

Please make checks payable to "SPYA" and mail to: SPYA Office, 315 129th St S Tacoma, WA 98444
For additional information contact: Justin Luckman at 253-298-3026 or justin_luckman@fp.k12.wa.us

----- Do not write below this line-----

Paid:

Item	Amount
Registration Fee	\$
Kneepads	\$
Synthetic Ball	\$
Other	\$
Amount:	\$
Check or Cash	

Comments: