



Please Fax Form 732-415-1324
 Send Payment to High Performance
 1245 Airport Rd. Ste. 1 Lakewood, NJ 08701
 For More Information Call - 732-415-1370

HPVBA Programs Registration Form

Name _____ Home Phone _____
 Address _____ Age _____ Gender _____
 City _____ Email _____
 State/Province _____ Emergency Contact _____
 Zip/Postal Code _____ Emergency Phone _____
 Medical concerns that we should be aware of (if any) _____ Email _____

If you're interested for Clinics you need to call for appointments.

- Plyometrics Workout \$300 x 10 weeks**
Monday, Wednesday and Friday 6pm to 7pm
- CCC (Coach Casado Clinics) \$65 per session (2 hours)**
groups of a maximum of 5 participants. Clinics sessions
will be held Tuesdays and Thursdays 4pm to 6pm
- Adult League - League play will be on Tuesday**
 ___ \$525 per team 12 weeks
 ___ \$92 per person per 12 weeks
 ___ \$10 per person per night
- CCPC (Coach Casado Private Clinics) \$75 per hour**
Clinic sessions will be held every Monday 7pm to 9pm
- Star Frogs (Ages 12 and under) \$500 per session (12 weeks)**
Sessions consist of 1 hour training twice a week for 12 weeks

Waiver of Release of Liability and Assumption of Risk Agreement

I acknowledge and fully understand that _____ will be engaging in activities that involve risk of serious injury including permanent disability and death, and causing severe social and economic losses which may result not only from their own actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time.

Consent to Treat

By signing below, I consent for, _____ to receive any available treatment (Under the "Good Samaritan Statutes") from any staff at the sites where competitions are held including any of the following; coach, school/team physicians, nurses, athletic trainers, and coaches/security certified in CPR/First Aid. My signature Releases, Waives, Discharges The High Performance Volleyball Academy or it affiliates from any responsibility pertaining to the aforementioned. I the undersigned have read the above waiver, release and understand it. I also understand that I have signed this document voluntarily, intelligently and with full knowledge of its legal consequences as the guardian for _____.

HP Academy cannot be used for business purposes.

Payment

Check payable to HPVBA _____ Check # _____ Received by _____
 Credit Card V () MC () Amex () D () Card # _____
 Exp. Date _____ Code _____

Parent Signature _____ Date _____