



HPVBA-USVA Individual Clinics Registration Form

Name _____ Home Phone _____
Address _____ School & Grade (08/09) _____
City _____ Age _____ Gender _____
State/Province _____ Email _____
Zip/Postal Code _____

Emergency Name _____ Email _____
Emergency Phone _____

Medical concerns that we should be aware of (if any)

Payment - \$65.00 per 2 hours.

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 _____

High Performance Basketball Academy 1245 Airport Rd. Suite 1 Lakewood, NJ 08701.
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