



## HPVBA-USVA Junior Club Registration Form

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

T-Shirts (Adult Sizes) Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ XL \_\_\_\_\_

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 Father's Name \_\_\_\_\_ Email \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Email \_\_\_\_\_ Emergency Phone \_\_\_\_\_

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

**Payment**      Girls \_\_\_\_\_ \$1,250 (club)      \_\_\_\_\_ \$1,900 (champs)      \_\_\_\_\_ \$2,100 with 10 \*CCC  
                      Boys \_\_\_\_\_ \$1,200 (club)      \_\_\_\_\_ \$1,700 (champs)      \_\_\_\_\_ \$1,900 with 10\*CCC

*\*CCC (Coach Casado Clinics) Clinics are to be used in a period of 6 months. Max 5 players*

**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 \_\_\_\_\_