



2008 Fall Team Registration Form

Ages 10-14

Please complete entire form

Name: _____

Home Phone#:(____) _____ Parent's Cell# (____) _____

Address _____

City: _____ State: _____ Zip: _____

Parent's Email Address _____

Age: _____ Birthdate" _____ Grade: _____

Father's Name: _____ Mother'sName: _____

T-Shirt Size: YM YL S M L XL

Right or Left Handed _____ Height: _____ School: _____

Any Volleyball Expreience: _____

WAIVER & PROGRAM PARTICIPATION

The undersigned hereby agrees to defend, indemnify, and hold harmless California Heat Volleyball Club and its coaches and director against any and all losses, liability charges, and expenses(including attorney fees), and costs which may arise by reason of participation in this program. (California Heat Volleyball Club does not provide accident, medical, liability, workers' compensation insurance, or any insurance for program participants.) As a parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I agree to pay any and all costs incurred as a result of said treatment. I agree to carefully inspect and satisfy for myself that the facilities provided are reasonably safe for their intended use. Once having conducted the inspection, I agree to expressly assume the risk of participation at the premises. I understand the California Heat Volleyball Club retains the right to use photos taken during activities for publicity purpose.

Signature (Parent/Guardian) _____ Date: _____

SIGNATURE REQUIRED TO PROCESS REGISTRATION

CHECKS PAYABLE TO: California Heat Volleyball Club

For more information
calheatvbc@roadrunner.com
www.californiaheatvbc.com

MAIL CHECK & REGISTRATION FORM TO: 300 S. Lewis Road, Unit D
Teams have limited enrollment, so register early Camarillo, CA 93012

805 657-6700