

CINCY CRUSH TRAINING TEAM REGISTRATION FORM:



NAME: _____

SCHOOL: _____

ENTERING GRADE: _____

ADDRESS: _____

ZIP: _____

PHONE: _____

PARENT/GUARDIAN: _____

T-SHIRT SIZE: _____

EMAIL ADDRESS: _____

RELEASE FORM:

RELEASE FOR AND IN CONSIDERATION OF PARTICIPATION _____ (PARTICIPANT NAME), IN THE CINCY CRUSH TRAINING TEAMS TO BE HELD AT CINCY CRUSH VOLLEYBALL FACILITY.

I AGREE TO HOLD THE CINCY CRUSH GIRLS VOLLEYBALL SESSIONS AND ITS COACHES HARMLESS AND TO WAIVE THE RIGHT TO BRING LEGAL ACTION AGAINST IT AND ITS COACHES FOR ANY INJURIES SUSTAINED DURING THE COURSE OF THESE SESSIONS. I UNDERSTAND THAT THE TRAINING SESSION IS INDEPENDENTLY OPERATED. I AUTHORIZE THE COACHES TO ADMINISTER FIRST AID AND/OR AUTHORIZE MEDICAL TREATMENT IF IT BECOMES NECESSARY. THE ABOVE PARTICIPANT HAS HAD A MEDICAL EXAMINATION WITHIN THE LAST TWELVE MONTHS. THIS AGREEMENT AND WAIVER, HAVING BEEN READ THOROUGHLY, AND UNDERSTOOD COMPLETELY IS SIGNED VOLUNTARILY AS TO ITS CONTENTS AND INTENT.

(SIGNATURE OF PARENT/GUARDIAN)

DATE: _____

Mail to and payable to:

Cincy Crush Volleyball Club

239 Deer Creek Drive

Amelia, Ohio 45102