



Registration Form

The following forms must be turned in at the first practice on Jan 7th:

1. <http://reachvolleyballclub.com/wp-content/uploads/USAV-Medical-Release-Form-Without-Notary-2018.pdf>
2. https://docs.wixstatic.com/ugd/e49c1e_0be0f380e88b41d5814f05da928d5391.pdf

Payment Information

\$250 due upon registration online

Registration Process

The first step is to submit payment at <http://reachvolleyballclub.com/payments/> (paypal) to reserve your spot. Then email this completed registration form to jessicacaddell@yahoo.com and reachvolleyballclub@gmail.com.

League Information

Session will run from January 7th – February 27th (16 practices).

Practices: Monday & Wednesday nights from 4:45-5:45 PM at Future Stars (10325 122nd St E, Puyallup, WA 98373).

Scrimmage Dates: Are TBD at this point, possibly Future Stars and potentially other gyms in the South Puget Sound area.

Full Name of Player: Last: _____ First: _____

Address - Street: _____ State: _____ Zip: _____

Shirt Size: Youth Small Youth Medium Youth Large Youth XL Adult Small Adult Medium Adult Large

Birthday: _____

School: _____ Grade: _____

Best contact phone for parent: _____

Best email for parent: _____

Liability Release

I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my participation in a volleyball event can cause potential death, serious injury, or property damage. With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING OR OFFICIATING IN A VOLLEYBALL EVENT. I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW, which arise out of or relate to my traveling to and from or my participation in any volleyball event, THE FOLLOWING PERSONS OR ENTITIES: Reach Volleyball Club, tournament directors, sponsors, and the officers, directors, employees, representatives, and agents of any of the above; b) I AGREE NOT TO SUE any of the persons or entities listed above for any of the claims or liabilities that I have waived, released or discharged herein; and c) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions

I give permission for _____ to fully participate in REACH VBC Little Spikers program.

Parent Signature _____ Date _____