

CVHAA 2019 Girls Volleyball Registration

Player Name _____

Date of Birth _____

Address _____

Phone _____ Cell(s) for team texts/notifications _____

Email _____

Parent/Guardian _____

Emergency Contact & Phone _____

**** Please include copy of Birth Certificate, for proof of age, if not already on file.**

RELEASE FROM LIABILITY:

I hereby give _____ permission to participate in the 2019 Central Virginia Homeschool Athletic Association Volleyball season. I understand that participation in an athletic activity requires the acceptance of the possible risk of injury. I agree to release and hold harmless the above named organization and its individual leaders from all liability for mishap or injury of any kind to my/our child while under their care or leadership.

Parent/Guardian Signature: _____ Date _____

FEES and FORMS: (forms are located at www.cvhaa.net under FORMS/VOLLEYBALL)

*Medical release forms are due by your first day of participation

*Registration forms and other forms (playing time/code of conduct, photo permission) are due by August 9, 2019. Mail to: Shelley Lundie 17900 Branders Bridge Rd., Chesterfield, VA 23834 .

*Registration fees are non-refundable after the first game.

*A refundable uniform deposit is \$50 per uniform.

*Registration fees: MS \$175.00, JV \$225.00, V \$225.00 (Player pays the higher level team fee).

___ I am paying my \$175 or \$225 Registration ___ CASH ___ CHECK # _____

___ I am paying my \$50 uniform deposit for ___ (#) of uniforms. ___ CASH ___ CHECK# _____