

CO-ED

Volleygrass Registration Form ATHLETE'S RELEASE

Division _____ Team Name _____

In consideration of your acceptance of this entry, I, intending to be legally bound, do hereby, for myself, the athletes, heirs, executors, and administrators, waive, release and forever discharge any and all rights and claims for damages which may have or which may hereafter accrue to the athletes against Blue Water Volleygrass, Inc. and any other support group and organizations and volunteers, their respective officers, agents, representatives, successors, and/or assigns and agree to hold the same harmless for any and all damages which may be sustained and suffered by the athletes in connection to or participating in, and returning from said festival/tournament event at Port Huron, Michigan and Port Huron Northern High School Stadium.

I, or we, the parent(s) or guardian(s) of the athlete, grant to the directors, assistants or assigned chaperones of Blue Water Volleygrass, Inc. to act as guardian/spokesperson in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for my/our son or daughter while enroute to or from or at the sites of the above festival/tournament. I understand that should a health emergency arise, I will be notified, but that if I cannot be reached immediately by telephone, such medical treatment as deemed necessary by medical personnel is authorized.

Please Print Name and Address Information

Signature of Athlete (Name on Form) _____ / _____ Date	Signature of Parent/Guardian if player is a minor _____ / _____ Date
Address _____ Street	City _____ State _____ Zip _____
Phone _____	Alternate Phone _____ Email _____
Signature of Athlete (Name on Form) _____ / _____ Date	Signature of Parent/Guardian if player is a minor _____ / _____ Date
Address _____ Street	City _____ State _____ Zip _____
Phone _____	Alternate Phone _____ Email _____
Signature of Athlete (Name on Form) _____ / _____ Date	Signature of Parent/Guardian if player is a minor _____ / _____ Date
Address _____ Street	City _____ State _____ Zip _____
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Signature of Athlete (Name on Form) _____ / _____ Date	Signature of Parent/Guardian if player is a minor _____ / _____ Date
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Signature of Athlete (Name on Form) _____ / _____ Date	Signature of Parent/Guardian if player is a minor _____ / _____ Date
Address _____ Street	City _____ State _____ Zip _____
Phone _____	Alternate Phone _____ Email _____
Co-Ed Only 6th Player	
Signature of Athlete (Name on Form) _____ / _____ Date	Signature of Parent/Guardian if player is a minor _____ / _____ Date
Address _____ Street	City _____ State _____ Zip _____
Phone _____	Alternate Phone _____ Email _____