



SUMMER YOUTH VOLLEYBALL REGISTRATION FORM



Child's Name: _____ Date of Birth: _____

Current Grade Level: _____ School: _____

Address: _____
Street City Zip

Email Address: _____

Mothers' Name: _____ Fathers' Name: _____

Mother's Home Phone: (____) _____ Mother's Cell: (____) _____

Father's Home Phone: (____) _____ Father's Cell: (____) _____

Which is the best phone number to reach you during this time: (____) _____

Other than Parents, Emergency Contact: Name: _____

Relationship: _____ Emergency Contact Phone Numbers (Please List All Numbers)

Pediatrician Name & Phone No.: _____

Dentist Name & Phone No.: _____

Medical Insurance Carrier: _____

Phone Number (usually found on back of medical card): (____) _____

Name of Insured: _____

Group/Policy Number (List All - Specify: _____

Periodically, we post new pictures on our website. Do we have your permission to use photos where your daughter appears in them (no names shown) Yes ____ No ____

BY SIGNING BELOW, YOU AGREE TO IMMEDIATELY NOTIFY US IN

WRITING OF ANY CHANGES TO THE ABOVE INFORMATION. THANK YOU.

PARENT SIGNATURE

DATE

SUMMER VOLLEYBALL REGISTRATION (cont.)

SCHEDULE

SESSION NUMBER	<u>CURRENT GRADE LEVEL</u>	SESSION DATES (MON. – FRI.)	TIME OF SESSION
1	4TH Grade	07/18/11 – 07/22/11	9:00 A.M. - 12:00 P.M.
2	5TH Grade & 6th Grade	07/18/11 – 07/22/11	12:00 P.M. - 3:00 P.M.
3	7TH Grade & 8th Grade	07/18/11 – 07/22/11	3:00 P.M. - 6:00 P.M.
4	5th Grade & 6th Grade	07/25/11 – 07/29/11	9:00 A.M. - 12:00 P.M.
5	7th Grade & 8th Grade	07/25/11 – 07/29/11	12:00 P.M. - 3:00 P.M.
6	4th Grade & 5th Grade	08/01/11 – 08/05/11	9:00 A.M. - 12:00 P.M.
7	6th Grade & 7th Grade	08/01/11 – 08/05/11	12:00 P.M. - 3:00 P.M.

Camps held @ Our Lady of Loretto Gym, 1806 Novato Blvd., Novato

CHILD IS APPLYING FOR SESSION NUMBER(s):

CANCELLATION/REFUND POLICY – We are fair and flexible and will consider any *reasonable* situation which may arise. When we receive registrations, we accept it with a commitment of participation from you/your daughter, barring, of course, any highly unusual and unforeseen circumstances. No refunds given seven (7) days prior to camp start date. Refunds up to that point are given minus a \$25 administrative fee. Should we need to cancel for any reason, we will refund 100% of your registration fee.

I understand the above Cancellation/Refund Policy: **Parent Initial Here**

REGISTRATION FEE: \$135/Player – Received *Before* May 25, 2011
 \$145/Player – Received *After* May 25, 2011

10% Discount For Two Or More Player Enrolled Sessions 10% Additional Sibling(s) Discount

CHECKS PAYABLE TO: NOVATO YOUTH CENTER

Mail Registration Forms & Payment To:

*Novato Youth Center
680 Wilson Ave., Novato, CA 94945*

ATTN: Summer Volleyball Registration

REGISTER EARLY – SPACE IS LIMITED

REGISTRATIONS TAKEN ON A FIRST COME, FIRST SERVED BASIS

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

NOVATO YOUTH CENTER in collaboration with NOVATO YOUTH VOLLEYBALL ASSOC.

I/We, the undersigned, are the parents and/or legal guardians of the minor child named below. We wish to enroll our minor child to participate in Novato Youth Center Volleyball Programs and/or activities – a collaboration between Novato Youth Center (hereafter referred to as NYC) and Novato Youth Volleyball Association (hereafter referred to as NYVA).

In consideration of NYC and NYVA allowing my/our child to participate in the programs and activities run by it, we agree to indemnify and hold harmless NYC and NYVA and their respective shareholders, members, directors, officers, employees, and/or agents, including any minor and/or adult volunteers working with NYC and NYVA (hereinafter collectively "Releasees") from any and all claims, demands, losses, costs, expenses, obligations, liabilities, damages, recoveries and/or deficiencies, including interest, penalties and reasonable attorney fees that Releasees may incur or suffer, which arise, result from, or relate to our minor child's participation in the programs and activities of NYC and NYVA. Such agreement to indemnify and hold harmless extends to any damages or claims for property damage, bodily injury or death to or caused by my minor child, while participating in any NYC and NYVA program or activity. I understand my minor child does not have the legal capacity to contract and thus in the event a claim or action is brought on their behalf against NYC and NYVA or Releasees resulting from my child's participation in any NYC and NYVA program or activity, my agreement to indemnify and hold harmless NYC and NYVA and Releasees will extend to any judgment rendered in favor of my child against either entity or their agents.

I/We understand by signing this Waiver of Liability and Hold Harmless Agreement that it covers not only the current program but also any future periods of time which our minor child is participating in programs or activities of NYC and NYVA.

NAME OF MINOR CHILD (Please Print): _____

SIGNATURE OF PARENT(s): _____

NAME OF PARENT(s) (Please Print): _____

DATE SIGNED: _____

Mail or Drop Off Completed Registration, Waiver & Payment To:

**Novato Youth Center
680 Wilson Avenue, Novato, CA 94947**

ATTN: SUMMER VOLLEYBALL REGISTRATION

QUESTIONS - PLEASE CALL 895-5200

