

I Play Volleyball Travel Team Registration & Release Form

(I Play Volleyball is a division of Get Active! Inc.)

Participant's Name: _____
Parents'(Guardians) Names _____
Address: _____

Home Phone: _____ Parent's Cell Phone(s) _____

Parent's Email: _____

Participants Date of Birth _____ Grade _____

Shirt Size-Circle One: Child Sizes- S, M Adult Sizes- S, M, L, XL, XXL (Adult S=Child L)

Alternate Emergency Contact Information (if parents are not reached)

Name: _____

Day Phone: _____ Evening Phone: _____

Is Get Active!, Inc. authorized to approve medical treatment? Yes ___ No ___

Is the participant covered by personal/family medical insurance? Yes ___ No ___

If yes, name of insurer: _____

Policy or Group number: _____

Program Registration – Please select the program for which you are registering and enclose the appropriate registration fee, payable to Get Active! Inc. Along with your completed registration form.

2012 IPV GIRLS TRAVEL TEAM

___ \$10 Tryout/Evaluation Fee* (this will be credited to your overall team fee of \$250 if you make a team.)

Team Fee is \$250*. Upon acceptance on an invitation, I/we agree to pay to Get Active! Inc the total amount of \$250 for our daughter to participate on an IPV Travel team. This payment can be made in one lump sum or two separate payments. A minimum of \$100 total is to be paid on or before the first team practice. The balance shall be due by Jan. 15. Please let us know if you need to make other payment arrangements.

*You **DO NOT** need to register with **AAU, USAV or KRVA** to tryout or play with IPV, unless and until we would choose to enter one of their sanctioned events. We have our own insurance coverage.

****Please contact us if you need financial assistance to participate. Please do not let cost prevent your child from participating.**

___ (Parents) - I am interested in helping as (circle one) Coach Asst Coach Scorekeeper Referee Other

Please list your experience as related to this or other sports _____

In order to participate in sports clinics, camps, leagues or other related activities with Get Active! Inc. all participants must have a completed release form on file. If the participant is a minor the form must be completed and signed by a parent or guardian. Once completed and returned the participant may participate in all Get Active! Inc. sponsored volleyball clinics, camps, leagues and other related activities throughout the calendar year.

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

I agree to allow Get Active! Inc. to utilize photographs or any likeness of my child created from their participation in Get Active! Inc. and/or I Play Volleyball events or programs, without my approval in advance of such use, and without financial or other compensation due me. Promotional materials may include but are not limited to newspaper articles, brochures, fliers, videos, DVDs and/or our web-site.

Signature: _____ Date: _____

(Participant or Parent/Guardian if participant is a minor)

Please complete this registration/release form and submit it with payment in full to: **Get Active! Inc., 1228 Charles St., State College, Pa 16801.**