

CVHAA

Central Virginia Homeschool Athletic Association

www.cvhaa.net

VOLLEYBALL REGISTRATION

Player's Name: _____ DOB ___ / ___ / ___ M/F _____

Age: _____ Grade: _____ Height: _____

Parent's Name(s): _____

Address: _____
house/apt# Street City zip

Home Phone: _____ Cell ph.: _____ E-mail: _____

RELEASE FROM LIABILITY

I give my child _____ (print name) permission to participate in **Central Virginia Homeschool Athletic Association** activities for the _____ school year. I understand that participation in any 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.

FEES:

- The registration fee of \$90 is due with this form. The fee is non-refundable after the 4th season practice.

___ I am paying my **\$90.00** Registration & Uniform deposit fee by

Cash, Check # _____, PayPal Receipt # _____

BIRTH CERTIFICATE:

For New Players: Please attach a copy of your child's birth certificate with this form.

For Returning Players: Please check to make sure a copy of your child's birth certificate is on file.

___ My child's birth certificate is attached. ___ My child's birth certificate is on file with CVHAA.

I have read this document and agree to all the terms and conditions contained herein. I have read and agree to abide by the Player-Parent Code of Conduct. I confirm that the player named above is homeschooled and eligible to play with CVHAA.

PLAYER'S SIGNATURE: _____ **DATE:** _____

PARENT'S SIGNATURE: _____ **DATE:** _____