

I Play Volleyball Registration & Release Form - Fall 2019
(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.

___ 1st-4th Grade Skills "League" (Co-ed)- \$95*

___ 5th-8th Grade League (Co-ed)- \$119*

Family Discount: \$10 discount for 2nd and additional children with full payment for oldest child.

Refund policy: Cancelled registration before the start of the first session: Refund less \$10 administrative fee; Withdrawal prior to 2nd session: Partial refund (we retain \$30). After start of week 2: No refunds.

We must be notified *before the start* of week 2 for you to receive a refund.

Late registrants: Must pay full season rate regardless of starting date.

***Do not let cost prevent your child from participating, please contact us if you need financial assistance.**

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

Please list your experience as related to volleyball 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.**