

# Gold Cup Invitational Volleyball Series



## Player Registration Form 2010

(please print clearly)

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Club Name and Age Division:** \_\_\_\_\_

*All players are required to submit a copy of their birth certificate (no originals) with registration form and fee!*

\*\*\*\*If this form is not completely filled out or submitted without a copy of the player's birth certificate, the player may not participate in the Gold Cup Series. The last day to register an player for eligibility is five days before a team participates in a scheduled tournament.\*\*\*\*

I, the under signed, acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that participating in a volleyball event can cause potential death, serious injury, or property damage. With full understanding of the potential risk, I HEREBY ASSUME THE RISK OF PARTICIPATING IN THIS SERIES. I WAIVE, RELEASE, AND DISCHARGE from any and all liabilities the Grand Junction Volleyball Club, Inc. and its agents, directors and/or Board. I assume all responsibility for my actions and participation in this volleyball event. All players and parents will participate with good sportsmanship. I understand that should my actions and/or attitude become disruptive, the event director will have the right to remove me from the event.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As a parent or legal guardian of the above registered player, I agree to the above paragraph and assume liability for the above named minor participating in the Gold Cup Invitational Series. I fully consent to his/her participating in these events. Furthermore, I understand the inherit risk of playing sports. With full understanding of the potential risk, I HEREBY ASSUME THE RISK FOR MY CHILD PARTICIPATING IN THIS SERIES. I WAIVE, RELEASE, AND DISCHARGE from any and all liabilities the Grand Junction Volleyball Club, Inc. and it agents, directors, and/or Board. I represent that I have legal capacity and authority to act for and on behalf of the minor named above, and I agree to indemnify and hold harmless the persons or entities named in the Waiver and Release for any claims and liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of Waiver and Release.

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

*Send Player Registration, Copy of Birth Certificate & related fees to: WCVBC - P.O. Box 117 – Whitewater, CO 81527*

***This area for official use only***

Method of payment: \_\_\_\_\_

Player Fee: \$40.00 (Insurance Included)

Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_

Form Revised: Nov-09