

MiddleSchool \$200.00
High School \$275.00
Paid in full by 8/08/11

For Office Use Only Paid: Check # _____ Cash _____

C.H.A.N.T Chargers 2011 Volleyball Registration

Player's Last Name _____ First Name _____

Player's Grade As Of 2011-2012 School Yr. _____ Player's DOB ____/____/____

Jersey Size _____ Shorts Size _____

Parent/Legal Guardian's Names _____

Home Address _____

Best Number To Reach Adult Responsible _____ - _____ - _____ Father – Mother – Guardian (Circle)

Second Best Contact Number _____ - _____ - _____ Father – Mother – Guardian (Circle)

Email Address' - Use Personal Emails Only And Please Print Legibly

Mom: _____

Dad: _____

Any Allergies Or Special Medical Conditions To Consider? _____

Use The Area Below To Explain Any Previous Volleyball Playing Experience.

Insurance? ___ Yes ___ No Insurance Co. Name _____ Policy # _____

Physician Name _____ Physician Phone Number _____

Please Carefully Read The Following Paragraphs.

I, as a parent/legal guardian of the child-participant, give my permission for him/her to participate fully in this sport's activity. I give my permission to take said participant to a doctor or hospital and authorize medical treatment, including but not in limitation to emergency surgery or medical treatment. I understand that I will be contacted if at all possible and that my family physician will be contacted if possible, but in the event that he/she cannot be reached the CHANT Coach or a Current Board Member may choose a reputable physician.

For the safety of all parties concerned, prior to playing in any sport with the CHANT organization a CHANT Release of Liability Form and a completed Sport's Physical need to be on file with the CHANT Organization. If CHANT does not have proof of these documents I will be asked to provide them before allowing my child to practice or play.

My signatures below indicate that I have read and agree to the above stated paragraphs.

Parent or Legal Guardian Printed Name

Parent or Legal Guardian Signature

Date