

# **Belle Volleyball Academy**

Please complete the following registration form and liability waiver to participate with Belle Volleyball Academy. Due with this registration form is \$250 to cover registration, equipment and facility fees. The balance of \$150 for coaching fees will be due at our first training session on February 1st. Make all checks payable to Belle Volleyball. You may pay in full.

Name: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parents Cell Phone: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Athlete Email Address: \_\_\_\_\_

Current Grade \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Adult T-shirt size: S M L XL

Do you have health and accident insurance? YES NO

**You can get more info and register online at [www.bellevolleyballcamps.com](http://www.bellevolleyballcamps.com)**

## **MEDICAL RELEASE AND WAIVER**

The undersigned parent or legal guardian stipulates that to the best of their knowledge and belief, the camper named below has no physical or mental conditions of any sort which would restrict, in any way, her participation in any of the Belle Volleyball Camps offered. The Belle Volleyball Academy Staff are authorized to act for me according to their best judgment in an emergency regarding medical attention.

I hereby release and forever discharge any and all rights and claims for damages against Chuck Waddington, Angelo State University, Belle Volleyball Academy and any Belle Volleyball Academy staff member.

Date: \_\_\_\_\_

Player's Signature: \_\_\_\_\_

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



Mail to: ASU Volleyball  
ATTN: Chuck Waddington  
ASU Station #10899  
San Angelo, TX 76909