

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 January 27th. 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

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