

**2018 CCHS GIRLS VOLLEYBALL
REGISTRATION and CONSENT FORM**

Athlete Name: _____ Fall 2018 Grade: _____

Athlete Home Address: _____

Athlete Home Phone: _____ Athlete Cell Phone: _____

Email: _____

PARENT/GUARDIAN CONTACT INFORMATION

Male Parent/Guardian Name: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Female Parent/Guardian Name: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Athlete Physician's Name : _____

Physician's Phone: _____

In the event that a parent/guardian cannot be reached:

AUTHORIZED EMERGENCY

CONTACT PERSON: _____ **Phone:** _____

Please list any special health concerns and/or emergency information:

PARENTAL CONSENT for Participation, Medical Treatment

_____ has permission to participate in the girls' volleyball Camps/Clinics at Calvary Chapel High School. I acknowledge there are inherent risks involved in any athletic activity. In consideration of my child participating in this sport, consent is given for emergency medical treatment, hospitalization or other medical treatment by a physician and/or hospital in the event of injury or illness, and waive any liability of Calvary Chapel High School, its agents or employees arising out of such medical treatment.

Parent Signature: _____ Date: _____

**BRING THIS FORM WITH YOU IN ORDER TO PARTICIPATE IN ANY OF THE
CAMP/CLINIC DATES**