

**2019 CCHS BOYS VOLLEYBALL  
REGISTRATION and CONSENT FORM**

Athlete Name: \_\_\_\_\_ 2019-20 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 boys' volleyball sessions/clinics/open gym at Calvary Chapel High School June-August. 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  
SUMMER SESSIONS/YOUTH CLINICS/OPEN GYM DATES**