

Cross Point Volleyball Club Player Registration Form

Player First Name	Last Name	Birth Date
Address	City	Zip
Home Phone	Parents Cell Phone	Parents Email
Grade	School	Years Played
Position (s)	Mothers Name	Fathers Name
Tshirt Size (youth or adult)	How did you hear about CP?	

_____, player, is hereby given my consent to participate in organized tryout, practices, and competition with Cross Point Volleyball Club.

For consideration, the undersigned does hereby waiver, release, acquit, and forever discharge Cross Point Volleyball Club, Cross Point Athletics LLC, its officers and directors, collectively and individually, coaches, other team members, other players practicing with the team, volunteer parents assisting with team activities, and any and all persons directly and indirectly associated with Cross Point, and each of them from expense on account of or which shall in some way develop out of any and all known and unknown personal injuries and property damages which the player/participants may suffer during the course of or as a result of the participation in team activities including, but not limited to, tryouts, practices, tournaments and travel to and from team events.

I also give my permission for this player to receive minor medication when the need may arise to be administered by other adults in charge at the time in case of emergence or in the event that I can not be reached, I authorize emergency treatment for my child at the nearest recognized medical facility.

I also request that my child be permitted to travel with Cross Point Volleyball Club. Should any illness or accident affect my child, I will not hold Cross Point Volleyball, officers, directors, coaches, or parent drivers responsible or liable for medical expenses in the care of my child. This authorization is given pursuant to Section 25.8 of the Civil Code of California.

Parent/Guardian Signature

Date