**HJVC Athlete Registration Form  
  
  
  Player's name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_         Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_     Age:\_\_\_\_\_\_\_\_      
   
 Grade: \_\_\_\_\_\_\_\_\_\_      School:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
             Preferred position  #1 \_\_\_\_\_\_\_\_\_\_\_\_\_  
  
             Preferred position # 2 \_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Days/Times you are unable to practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Please consider practice/games if you play another sport.**

**\*Only include days/times that you ABSOLUTELY cannot practice on.   
  
Father's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
                Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Mother's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
                           
               Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
 HollenBall Juniors Volleyball Club Waiver  
This authorization shall waive, release and absolve HollenBall Juniors Volleyball Club and its staff from any and all liability from injury and/or illness incurred at the gym. I give the staff permission to act on my behalf, according to their best judgment, in an emergency. I also certify that the above applicant has no physical problems or disabilities which would impedeher from participating in HollenBall Juniors Volleyball Club activities other than those listed on an attached sheet with this application. I also give permission for my daughter to be photographed during practices/tournaments and used for social media purposes.   
  
Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date: \_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
                                                 Internal Use Only  
  
                       \_\_\_\_\_ Tryout fee  
                       \_\_\_\_\_ Deposit paid  
                       \_\_\_\_\_ Medical release  
                       \_\_\_\_\_ USAV Registered**