



2018 Summer High School Volleyball League @ ACE Registration / Waiver Form

June 28 – July 26
Thursday Nights ~ 2 Games Per Night
Cost ~ \$100

Payment Due Date: Monday, June 4

Player Name: _____ **Entering Grade:** _____

Parent Name: _____ **Best Phone:** _____

Email Address: _____

Alternate Emergency Contact: _____ **Best Phone:** _____

I, the undersigned give permission for my child to participate in Arlington Courts Volleyball League. This authorization shall waive, release and resolve Arlington Courts and its staff from any and all liability from injury and or illness incurred by the player, parent, sibling, or spectator. I give the staff permission to act on my behalf, according to their best judgment, in any emergency. I also certify that the above applicant has no physical problems or disabilities which would impede her from participating in Arlington Courts Volleyball League.

PLEASE MAKE CHECKS PAYABLE TO KRISTA BALDRICA

All summer sports activities will NOT be processed through the school.

Signature of Athlete

Date

Signature of Parent/Guardian

Date

Coach's Use Only

Date: _____

Payment: Cash Check # _____

Total Amount Paid: _____