



HAX VOLLEYBALL Registration Form

PLAYER'S LAST NAME _____ FIRST NAME _____

AGE _____ DATE OF BIRTH (month) _____ (date) _____ (year) _____ HEIGHT _____ WEIGHT _____

GRADE _____ SCHOOL _____ PREVIOUS CLUB _____

UNIFORM SIZES: **not all items are provided*

	Youth Small	Youth Medium	Youth Large	Small	Medium	Large	X-Large
Jersey top / t-shirt:							
Shorts (compression style)							
Warm up jacket							
Warm up pants							
Sweatshirt							
Volleyball shoes							

PARENT OR LEGAL GUARDIAN INFORMATION:

MOTHER'S NAME _____ FATHER'S NAME _____

ADDRESS _____ CITY _____ STATE _____

PARENT/LEGAL GUARDIAN CELL PHONE (_____) _____ - _____

PARENT/LEGAL GUARDIAN EMAIL _____

EMERGENCY CONTACT _____ CELL PHONE (_____) _____ - _____

MEDICAL INFORMATION:

MEDICAL INSURANCE COMPANY _____ POLICY NO. _____

DOCTOR'S NAME _____ PHONE (_____) _____ - _____

ALLERGIES (if none, please state "NONE") _____

OTHER MEDICAL CONDITIONS (if none, please state "NONE") _____

PROGRAMS: FALL 2008 / WINTER 2009 PROGRAMS

Program	Description	Cost
HAX Volleyball Club (on-going)	Junior Olympic Boys' and Girls' Travel Club	Contact HAX VB
HAX Kids' Club	8-week program for 10-and-under boys and girls	\$229.00 / mo.
Adult League	8-week session, team play	Contact HAX VB
Open Gym/Workout	Daily sessions as scheduled	\$25 per session
Private Coaching/Training	Upon request	\$75-100 / hr.

I hereby certify that I am a participant in the activity conducted by Hangar Athletic Xchange (HAX) and the Sinjin Smith Volleyball Academy, I further certify that I am in good health, have no physical or other impairment which would endanger me when participating in such a program or training activities. I absolve and hold harmless Hangar Athletic Xchange (HAX) and the Sinjin Smith Volleyball Academy, its employees, officers or agents from any liability which may result from my participation or that from any minor in my legal custody, in the above activity. If the participant is a minor, I also give my permission for his/her participation in the activity and for any necessary medical treatment. I understand Hangar Athletic Xchange (HAX) and the Sinjin Smith Volleyball Academy have no obligation to supervise my child(ren) at the close of any activity. I release Hangar Athletic Xchange (HAX) and the Sinjin Smith Volleyball Academy, its employees, officers or agents from any liability resulting from any lack of supervision of my child(ren) at the close of the activity. Participants at the Hangar Athletic Xchange (HAX) may be photographed and such photographs may be used to publicize Hangar Athletic Xchange (HAX) programs and activities.

Participant or Parent/Legal Guardian Signature _____ Date _____

Parent or Legal Guardian - Print Name _____ Relationship _____