# 2018 SVAA Fall Volleyball Registration

**REGISTRATION DEADLINE:**
**Monday, August 13, 2018**
**(after August 13th, add $20 late fee)**

Spring Valley Athletic Assoc. Phone: (972) 238-9728
13650 TI Blvd. #207 Fax: (972) 238-7465
Dallas, TX 75243 Office Hours: M-F 10-3

| Grade | Fee |
|---|---|
| 3rd | $110 Individual |
| 4th-6th | $110 Individual |
| 5th-6th | $1000 per Team |

## Register on-line at www.svaa.org

**Registration Fee**: If the registration form arrives in our office after the deadline, a non-refundable $20 late charge applies, the contract will be marked as late, and player's team assignment can only be made if space allows. A $20 administration fee applies on all refunds; registration fees are not refundable after SVAA's first league game. Returned check fee $25.

**Uniform Policy**: An SVAA team jersey is provided to each player. **No jewelry OF ANY KIND can be worn during games. Bandages or tape may not cover earrings.**

O Boy
O Girl Current Grade _____ ☐ Play up to next grade (only if applicable) Age _____ Birth date: Month/Day/Year _____

Player's Last Name

Player's First Name

Address

Apt # _____

City _____ Zip _____ Home Phone (with area code) _____

Email Address _____

School Presently Attending _____

Name of RISD School Closest to Home _____

Parent _____ Cell # _____

Parent _____ Cell # _____

Donation to Scholarships: O $10 O $25 O $50 O $100

Comments or Requests

OFFICE USE ONLY

O 110

O MO O CASH O LF

CK# _____ S _____ I _____

Input form O

The undersigned parent, guardian or managing conservator of the minor child named above (hereinafter "Player"), realizing the Spring Valley Athletic Association (hereinafter "SVAA") is a nonprofit corporation and that SVAA's athletic programs are supervised by volunteers, hereby consents, agrees and binds himself, his heirs and assigns to the following regarding Player's participation in SVAA activities: 1) In consideration of the benefits derived by Player's participation in said programs, I hereby consent, approve, covenant and agree to indemnify and save harmless SVAA, its agents, servants, representatives, officers, coaches and managers from and against all actions or causes of action, claims, demands, liabilities, loss, damage or expense of whatever kind or nature which may be sustained or incurred by virtue of injury or damage to me or Player resulting or growing out of participation in any sports program of SVAA, INCLUDING WITHOUT LIMITATION ANY CAUSE OF ACTION SOUNDING IN NEGLIGENCE OR ANY TORT; 2) I understand that I must give SVAA a completed and signed registration form before Player is eligible to receive a uniform or participate in the 2016 Volleyball program; 3) I FURTHER UNDERSTAND THAT PARTICIPATION BY PLAYER IN THIS SVAA ACTIVITY CREATES POTENTIAL RISK OF INJURY AND I AGREE THAT I WILL PROVIDE AT MY OWN EXPENSE ANY INSURANCE I DEEM NECESSARY TO COVER PLAYER AND OURSELVES FOR ANY SVAA RELATED ACTIVITY. In the event I cannot be reached during a medical emergency, I give my consent for medical treatment by a healthcare professional to preserve the life and well being of Player. 4) I agree that if my son/daughter has a physical or medical condition that may affect their ability to participate fully in this sports program, I will advise SVAA at the time of registration. 5) I represent that the information on this registration form is true and correct. I recognize that providing false or misleading information may result in Player not being permitted to participate in any SVAA program. As Player, a) I agree to uphold the duties and responsibilities of a Player in the SVAA; b) I agree to conduct myself in the true manner of good sportsmanship at all times; and c) I understand I may not participate in the SVAA Volleyball program if I am also participating in a Volleyball program with another recreational/select organization at any time during the SVAA sport season. (Revised: April 2016).

X_____ x _____
**Parent, Guardian or Managing Conservator's Signature** **Player's Signature**