

SANTA BARBARA VOLLEYBALL CLUB

MADSKILLS 2010 APPLICATION

MONDAYS – (Grades 4-6)

Participant's Name: _____

Birth Date: _____ School: _____ Grade: _____ Age: _____

T-Shirt Size: *YOUTH:* Small Medium Large *ADULT:* Small Medium Large

Parents' Names: _____

Home Phone: _____ Cell: _____ Email: _____

Address: _____

City: _____ Zip: _____

Medical Insurance Name: _____

Policy Number: _____

Please list any ailments we should be aware of: _____

TO BE SIGNED BY PARENT OR GUARDIAN

By signing below, I authorize the participant named above to participate in the Santa Barbara Volleyball Club Madskills program. I further hold Santa Barbara Volleyball Club, any of its staff, coaches, officials, players, volunteers, spouses, and their heirs, harmless from any accidental injury that may occur while the participant is participating in this program.

I authorize any emergency medical treatment by trained personnel (including hospital treatment) for the participant named above, in the event serious injury should occur during her/his participation in this program provided by the Santa Barbara Volleyball Club.

PARENT/GUARDIAN: _____
(PRINT NAME)

(SIGNATURE)



Mail with check to: SBVC, PO Box 30772, Santa Barbara, CA 93130

Paid online