



**MOUNT OLIVE VOLLEYBALL ASSOCIATION
2010 REGISTRATION
(Open to boys and girls in 4-12th Grade)**



(Please Print Clearly)

CHILD'S NAME: _____ BIRTHDATE _____ SEX _____

ADDRESS: _____

PHONE _____ E-MAIL _____

AGE _____ GRADE _____ HEIGHT _____ PREVIOUS EXPERIENCE _____ YEARS

I have reviewed the registration details on the website <http://mountolivevolleyball.tripod.com/> or at the registration desk at the MOMS (form not valid without signature) _____

Parent/Guardian Signature

Does child have other activities scheduled? **If yes, note days / times child CANNOT practice** _____

TEAMMATE REQUEST _____ (Only 1 teammate request & they must request you also- We will try to accommodate everyone but requests are not guaranteed – siblings placed on same team do not count as teammate request)

SHIRT SIZE (Circle One): (ADULT- SMALL, MEDIUM, LARGE, XLG) OR (CHILD-SMALL, MEDIUM, LARGE, XL)

INFORMED CONSENT

I hereby grant permission for _____ (child's name) to participate in the volleyball program during the athletic season beginning March 2010. Further I authorize the program to provide emergency medical treatment of an injury or illness of my child if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

PARENT/GUARDIAN PRINT: _____

SIGN _____ DATE _____

FAMILY PHYSICIAN: _____ TELEPHONE _____

PRE-EXISTING MEDICAL CONDITIONS: (IE ASTHMA, ALLERGIES) _____

MEDICATIONS TAKEN: _____ EMERGENCY CONTACT _____

TELEPHONE: _____ RELATIONSHIP TO CHILD _____

MY CHILD AND I ARE AWARE THAT PARTICIPATING IN ANY SPORTS ACTIVITY IS A POTENTIALLY HAZARDOUS ACTIVITY. I ASSUME ALL RISKS ASSOCIATED WITH PARTICIPATION IN THIS SPORT, INCLUDING BUT NOT LIMITED TO FALLS, CONTACT WITH OTHER PARTICIPANTS, THE EFFECTS OF THE WEATHER, TRAFFIC, AND OTHER RISKS ASSOCIATED WITH THE SPORT. ALL SUCH RISKS ARE KNOWN AND UNDERSTOOD BY ME. MOUNT OLIVE TOWNSHIP PROVIDES EXCESS ACCIDENT INSURANCE OVER WHAT YOUR OWN INSURANCE PROVIDES. ALL INJURIES MUST BE REPORTED IMMEDIATELY. CLAIMS EXCEEDING 20 DAY NOTIFICATION WILL NOT BE ACCEPTED BY THE INSURANCE COMPANY. I UNDERSTAND THIS INFORMED CONSENT FORM AND AGREE TO ITS CONDITION ON BEHALF OF MY CHILD.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

VOLUNTEERS NEEDED! THE MOVBA IS AN ALL VOLUNTEER PROGRAM WHOSE SUCCESS IS DEPENDENT ON VOLUNTEERS. PLEASE INDICATE THE AREAS WHERE YOU ARE WILLING TO HELP

COACH ___ ASSISTANT COACH ___ STATS ___ LINESKEEPING ___ OTHER _____
NAME _____ PHONE _____

***REGISTRATION FEE:** First child = \$57 Each additional child in the same household = \$45

MAKE CHECK PAYABLE TO: MOUNT OLIVE VOLLEYBALL ASSOCIATION

***MAIL TO:** Barbara Siegel, 12 Player Place, Flanders, NJ 07836

Or register on line at www.mountolivetownship.com

E-mail - email.movba@gmail.com Website-<http://mountolivevolleyball.tripod.com/>

****DEADLINE IS 1/30/2010!!**