

RAGE VOLLEYBALL REGISTRATION FORM

Player Name	School Attending	Grade
Division to register for <input type="checkbox"/> 3 rd /4 th Elementary <input type="checkbox"/> 5 th /6th Elementary <input type="checkbox"/> MS/Jr. Hi.		
Address	Age	Home Phone
City	State	Zip
Mother's Name	Work Phone	E-Mail Address
Father's Name	Work Phone	E-Mail Address
T-Shirt Size <input type="checkbox"/> XXL (50) <input type="checkbox"/> XL(46-48) <input type="checkbox"/> L(42-44) <input type="checkbox"/> M (38-40) <input type="checkbox"/> S(34-36) <input type="checkbox"/> Youth Large <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Small		

Release of Liability

I waive all rights and release all claims that might be held against the Puyallup School District, the Franklin Pierce School District, Puget Sound Region and Rage Volleyball Club, its employees, volunteers, organizers and agents for all injuries or losses which may be suffered because of my participation or my child's participation in the activities offered by the RAGE volleyball league program in consideration of permission of the RAGE program to participate in the activity. I consent to my child's participation in the activity of the RAGE volleyball league program and authorize the league or its agents to provide emergency medical treatment for my child on my behalf. To the best of my knowledge, my child has no physical or other conditions which would interfere with her participation. I will be responsible for my own medical insurance.

The undersigned parent and natural guardian or legal guardian of the applicant executes the forgoing waiver and Release for and on behalf of the minor names herein. I hereby bind myself, the minor and all other assigns to the terms of the waiver and release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities named in the Waiver and Release for any claims or liabilities assessed against them as a result of ant insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release. I fully consent to my child's participation in PSR/USAV events.

Signature of Parent: _____ **Date:** _____

I would like to volunteer as a coach for the following school team: _____

Please place me on the same team as: _____

Coach T-Shirt Size: ___XXL___XL ___L ___M ___S

Please make checks payable to "PCM" and mail to: RAGE Registration, 9908-63rd Ave. Ct. E., Puyallup, WA 98373
For additional information contact: Marc Blau at 253-848-1360 or recre8@qwest.net

----- Do not write below this line-----

Paid:	Item	Amount
	Registration Fee	\$
	Kneepads	\$
	Synthetic Ball	\$
	Other	\$
Amount:		\$
Check or Cash		

Comments: