



MVA Registration Form

CEVA NUMBER _____

Athlete Information

First Name _____

Last Name _____

Date of Birth _____ Gender _____

Grade (2024-2025) _____

Cell Number _____ Email _____

Parent/Guardian 1 Info

First Name _____

Last Name _____

Cell Phone _____ Work Phone _____

Email _____

Parent/Guardian 2 Info

First Name _____

Last Name _____

Cell Phone _____ Work Phone _____

Email _____

Medical Conditions/Allergies

Comments/Notes



McMinnville Volleyball Association, Inc. Release Form

The undersigned parent/guardian and child do hereby agree to abide by the rules and regulations of the McMinnville Volleyball Association, Inc. Your signature registers your child with the McMinnville Volleyball Club and not with a specific team.

I, the undersigned, understand there will be volleyball games and social events in which my child can participate. I am aware of all inherent dangers associated with these activities and that participation could result in physical injury. I know of no physical condition that would prevent my child from participating.

In consideration of my child being allowed to participate in any activities listed above, I personally assume all risk in connection with these activities and I release the McMinnville Volleyball Association, their coaches, trainers, volunteers, agents, or employees for any injury, damage, or wrongful death which may happen to my child while participating in any of the activities listed above, either while playing, practicing, or traveling, including all risks, whether foreseen or unforeseen.

I authorize the coaches, trainers, volunteers, employees or agents of McMinnville Volleyball Club to act for me according to their best judgement in any emergency requiring medical attention.

I HAVE READ AND AGREE TO ALL TERMS LISTED ABOVE

X

Parent/Guardian Signature

X

Athlete Signature