

**Northern Lights Volleyball Club**  
**Adult League**  
**Registration and Medical Release Form**  
**Please print neatly**

Player Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email Address:

\_\_\_\_\_  
Very important! Most notices of changes in schedule will come to you via email!

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I verify that I am physically fit and able to participate in this athletics/sports program. I give my permission for me to be treated by the appropriate medical personnel for any illness/accident while participating in the program.

The undersigned understands that any sports activity carries a risk of personal injury and releases Northern Lights Volleyball Club from all liability arising from participation in this volleyball program.

\_\_\_\_\_  
Signature of Player

\_\_\_\_\_  
Date

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Please return this completed registration form and medical release with your \$60.00 league fee to Diane Clawson. League fees are non-refundable.

P. O. Box 706  
Palmer, AK 99645  
907 745-2447  
Diane@NorthernLightsVolleyball.net