

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!

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

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