

**CLOVIS VOLLEYBALL CLUB
PLAYER PROFILE
Player Registration & Profile**

Check desired level:

15-16 Practice Team _____ 15 Gold _____ 16 Gold _____

17-18 Practice Team _____ 17 Gold _____ 18 Gold _____

Position(s): S OH MB L/DS OPP

NAME _____ BIRTHDATE ____ / ____ / ____

ADDRESS _____ PHONE ____ - ____

CITY/ZIP _____ ALTERNATIVE# (Business/Cell) _____

Email Address _____

PARENTS/GUARDIAN _____

SCHOOL PRESENTLY ATTENDING _____

AGE _____ GRADE _____ GRADUATION YEAR _____

CUSD Student ID# _____ SS# _____

Jersey size _____ Sweatshirt size _____ Sweat pant size _____

Short size _____ T-shirt size _____

I give my permission for Clovis Volleyball Club to use/give my sons name and picture to/for the newspaper, newsletters, and CVBC website.

Circle: Yes or No

Acceptance of our membership in CVBC and our participation in any CVBC event is without assumption of responsibility of any kind by CVBC, the host club, school of management of any event in which my child is entered. By virtue of my acceptance of our membership, I hereby release and forever discharge the CVBC of liability (any and all damages, losses, or injuries which may be suffered or sustained by my child in connection with CVBC activities, all such claims are hereby waive and I promise not to sue there after) on behalf of my heirs and myself.

Parent/Guardian _____
Print Name

Signature