



Recognizing and manifesting the unique purpose within each individual to contribute to the team, the club and the community.

2011-2012

Registration Form

Name: _____

Address: _____

City: _____

State _____ Zip: _____

Phone: _____

Parents' Email: _____

High School: _____

DOB: _____ Current Age: _____

Revolution Branch Tryout: Chambersburg Lehigh Valley
(circle one) State College York

Everyone must pre-register with the Keystone Region. Link to revolutionvb.com website for instructions!

Insurance Form (Please complete and sign)

I, the undersigned, individually and as a parent(s) and guardian(s) of _____, a minor, ask that he/she be admitted to participate in this volleyball tryout sponsored by Revolution Volleyball. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless Revolution Volleyball, its owners, members, managers, officers, agents and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the volleyball camp or in the course of competition and/or activities held in connection with the volleyball camp.

Both signatures requested.

Mother's/guardian's signature & Date

Father's/guardian's signature & Date