

Non-Traveling Registration



**Bakersfield Volleyball Club  
Non-Traveling Registration Form 2011/2012**

Player's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Player Cell: \_\_\_\_\_

Father Cell: \_\_\_\_\_ Mother Cell: \_\_\_\_\_

**E-Mail: Please print clearly! This is how we will contact you!!**

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

Parent:: \_\_\_\_\_

**Volleyball Information:**

VB Position(s) Played: \_\_\_\_\_

Past volleyball experience:- \_\_\_\_\_

Height: \_\_\_\_\_

How did you hear about BVC?: \_\_\_\_\_

**BVC Juniors (non-travelers)  
Seasonal Fees Agreement**

**Bakersfield Volleyball Club  
2011-2012**

**Bakersfield Volleyball Club Seasonal fees \$950 for BVC Juniors/non-traveling teams.**

Program/Club cost covered in this fee includes:

- Two practice shirts
- A pair of Spandex

The enrollment of \_\_\_\_\_(players' name) in the Bakersfield Volleyball Club program for the 2010-2011 season represents a financial commitment of \$950 for the Bakersfield Volleyball Club program.

**The Bakersfield Volleyball Club reserves the right to deny installment payments to anyone with a delinquent payment history.**

1. One installment of \$240 is due November 14, 2011, upon signing this Letter of Commitment to play for the Bakersfield Volleyball Club for the 2011-2012 season.
2. The remaining balance of \$710 will be due in 3 monthly installments. Commencing on January 2, 2012, the second payment on February 13, 2012, with the final payment due on March 12, 2012.

Delinquent accounts will be subject to immediate player suspension from practice and game time. All installments must be paid in full on the due date of each designated month. The final payment on the installation plan will be due on or before March 12, 2012.

By entering into this contract to enroll my child in the Bakersfield Volleyball Club, I agree to pay the entire fee for the 2011-2012 Season including any extra tournaments added. I understand that if I choose to leave the club/program, any fees must be **Paid in Full**, unless deemed appropriate at the sole discretion of Bakersfield Club Director.

**Bakersfield Volleyball Club 2011-2012**

**I acknowledge that by my signature below, I certify that I have read the above contract and that I understand and agree to its terms and am responsible for the amounts stated herein.**

**Dated:** \_\_\_\_\_

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

**BOTH PARENTS/GUARDIANS ARE REQUIRED TO SIGN THIS FORM**

**Parent/Guardian Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

## 2011-2012 Bakersfield Volleyball Club Non- Traveling Volleyball Player Medical Release Form

This must be completed – legibly- and signed in all the areas by both the player and his/her parent or guardian. By signing this form the participant affirms having read it.

**Name** \_\_\_\_\_  
LastFirstDOBAgeGender

<b>Primary Contact: Parent or Guardian</b>		
Name _____	Address _____	Zip _____
Phone _____	Alternate Phone _____	

<b>Secondary Contact:</b> _____ Parent/Guardian _____ Other _____	
Name _____	
Phone _____	Alternate Phone _____

Primary Insurance Co. \_\_\_\_\_ Primary Group/Policy # \_\_\_\_\_

Family Physician Name \_\_\_\_\_ Physicians Phone \_\_\_\_\_

<p><b>Please elaborate on any medical conditions of which we should be aware:</b></p>  <p><b>Any medications currently being taken:</b></p>  <p><b>Any allergies:</b></p>  <p><b>If None, Please write None.</b></p>
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Signed \_\_\_\_\_ Date: \_\_\_\_\_

Participant, \_\_\_\_\_ has my permission to participate in training competition, events, activities and travel sponsored by Bakersfield Volleyball Club or any of its Regional volleyball Associations . I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed above. I also certify to the best of my knowledge that the participant named heron is physically fit to engage in the activities described above.

Signed \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

<p>If, during the course of my daughter's/son's activities in volleyball, she/he should become ill or sustain an injury, I hereby <b>authorize</b> you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.</p> <p>Signed: _____ Date: _____  Parent or Guardian</p>
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or

<p><b>I do not authorize</b> emergency medical/dental care for my daughter/son.</p> <p>Signed: _____ Date: _____  Parent or Guardian</p>
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# Bakersfield Volleyball Club

## Sizing Form for Non-Travelers

Please Print

**Players Name** \_\_\_\_\_

**Parents Name** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email** \_\_\_\_\_

**Please Circle**

Practice T-Shirt	Youth L  Adult S M L XL
Spandex	XS S M L XL