



SUMMER CRUSH F/JV LEAGUE REGISTRATION FORM

HS PLAYER REGISTRATION FORM

TEAM NAME: _____

DATE: _____

COACH NAME: _____ (If Applicable)

ATHLETE NAME: _____ GRADE: _____ AGE: _____ SHIRT SIZE: _____

Player E-Mail Address: _____

Any Allergies / special instructions? _____

Parent / Guardian Name: _____

Address: _____ City: _____

Home Phone: _____ Emergency Phone: _____

E-Mail Address: _____

WITH MY SIGNATURE BELOW, I CERTIFY THAT MY CHILD HAS HAD A PHYSICAL BY A LICENSED DOCTOR WITHIN THE LAST 12 MONTHS & IS CLEARED TO PARTICIPATE IN ALL ACTIVITIES OF CRUSH VB LLC. I HEARBY WAIVE & RELEASE CRUSH VB LLC & STAFF FROM ANY & ALL LIABILITY FROM INJURIES TO MY CHILD

Parent / Guardian Signature: _____