

Player Registration

Please fill out and return to Coach Meyer or
Email to dmyer@alpine.k12.ut.us
Pay your registration fee online at
www.myschoolfees.com

Name: _____ Year in School 2010-11 _____

Address _____ City _____ Zip _____

Phone Player(Cell) _____ Phone Parent (Cell) _____

Home Phone _____ Email Parent _____

Email Player _____

Parent Mother _____ Parent (Father) _____

Emergency Contact _____ Emergency Phone _____

Health Insurance _____ Policy # _____

I the Parent or Legal Guardian of the above registered player understand that by participating in an athletic event such as volleyball there is a risk of injury. Please understand that all safety precautions will be taken, however in the case of an injury I _____ hereby authorize the Camp Staff and Coaches to act on my behalf and use their best judgment in the event of an emergency, including providing first aid. I hereby agree to allow my son or daughter to participate in the indicated summer volleyball camps. I also agree not to hold Alpine School District, Lone Peak High School, and the Camp Staff responsible for any injury that may occur as a result of participating in an athletic event.

(Parents/Guardian Signature)