

Last Name \_\_\_\_\_

# 2020 Ohio Eagles STARTER Volleyball Registration Form

(Home Educated Athletic Teams)

## Parent / Guardian Information:

Father/Guardian Name \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

E-mail \_\_\_\_\_

## Player Information:

(PLEASE LIST PLAYERS FROM OLDEST TO YOUNGEST)

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_

Any known Allergies \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_

Any known Allergies \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_

Any known Allergies \_\_\_\_\_

**Forms Due: At First Practice July 9**  
**Grades: 4,5,6**  
**Fees: FREE**

Please check the box if we can use your information in our directory & other publications.

**PARENT CERTIFICATION AND AGREEMENT:  
Medical Release**

The above-named student athlete(s) is granted permission to participate in the Ohio Eagles volleyball program for the current year. My child and I are aware of the potential bodily injury and additional risks that are involved in participating in volleyball & basketball. I assume all risks associated with participating in this sport. All such risks to my child are known and understood by me and the child. I waive any legal claim against coaches, board members, other parents or those associated with these athletic activities in the event my child is injured while participating in those activities, travel to and from the same, or any other team activity during the season.

I will provide my own health and accident insurance coverage for my child.

I authorize the coach to provide any necessary emergency first aid to my child. In the case of serious injury, I further authorize qualified medical personnel to render emergency treatment to my child. This authorization is granted only if I cannot be reached and a reasonable effort has been made to contact me.

**PARENT AGREEMENT:**

**I hereby certify that:**

1. I give permission for my child to participate in the Ohio Eagles volleyball program. I absolve the Ohio Eagles from liability concerning my child. I understand that the Ohio Eagles reserves the right to dismiss any player who fails to uphold the established regulations and discipline or whose financial obligations remain unpaid.
2. My child is being educated at home and/or meets the Ohio Eagles eligibility requirements.
3. I have read the Ohio Eagles Statement of Faith and understand that it is the foundation of the organization's belief and practice.
4. I have read the Ohio Eagles Code of Conduct and agree to support and abide by it.

**PLAYER AGREEMENT:**

I hereby certify that:

1. I have read the Ohio Eagles Statement of Faith and understand that it is the foundation of the organization's belief and practice.
2. I am not involved in any activity that would reflect negatively on the team or the Lord Jesus, and I respect the God-given authority of my parents.
3. I have read the Ohio Eagles Code of Conduct and agree to support and abide by it.

Parent / Legal Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Player Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Player Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Player Signature \_\_\_\_\_ Date Signed \_\_\_\_\_