

2009 Romeo Volleyfest Registration Form

Division _____

Team Name _____

Athlete's Release

In consideration of your acceptance of this entry, I intending to be legally bound, do hereby, for myself, the athletes, heirs, executors, and administrators, waive, release and forever discharge any and all rights and claims for damages which may have or which may hereafter accrue to the athletes against the Romeo Volleyfest tournament or any other support group or organization, their respective officers, agents, representatives, successors, and/or assigns for any an all damages which may be sustained and suffered by the athletes in connection with their association with or entry in the above tournament or which may arise out of traveling to or participating in, and returning from said tournament event at Romeo, Michigan and Romeo High School grounds.

I, or we, the parent(s) or guardian(s) of the athlete, grant to the directors, assistants or assigned chaperones of the Romeo Volleyfest tournament to act as guardian/spokesperson in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for my/our son or daughter while enroute to or from or at sites of the above tournament. I understand that should a health emergency arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

Signature of Athlete _____	Date _____	Signature of Parent/Guardian if under 18 _____	Date _____
Address:			
Street	City	State	Zip
Phone:			
Home	Other/Cell		
List any known medical Problems:			

Signature of Athlete _____	Date _____	Signature of Parent/Guardian if under 18 _____	Date _____
Address:			
Street	City	State	Zip
Phone:			
Home	Other/Cell		
List any known medical Problems:			

Signature of Athlete _____	Date _____	Signature of Parent/Guardian if under 18 _____	Date _____
Address:			
Street	City	State	Zip
Phone:			
Home	Other/Cell		
List any known medical Problems:			

Signature of Athlete _____	Date _____	Signature of Parent/Guardian if under 18 _____	Date _____
Address:			
Street	City	State	Zip
Phone:			
Home	Other/Cell		
List any known medical Problems:			

Signature of Athlete _____	Date _____	Signature of Parent/Guardian if under 18 _____	Date _____
Address:			
Street	City	State	Zip
Phone:			
Home	Other/Cell		
List any known medical Problems:			