

BEST IN THE NEST



1ST ANNUAL OUTDOOR DOUBLES TOURNAMENT

7/3/10, 5PM-7PM, CORBETT FOOTBALL FIELD

PLAYER NAME: _____ GRADE IN FALL: _____

SCHOOL ATTENDING: _____

PARENT/GUARDIAN: _____

PLAYER CELL (IF APPLICABLE): _____ HOME PHONE: _____

EMAIL ADDRESS: _____ T-SHIRT SIZE: S M L XL

LIABILITY WAIVER

Participant, _____, has my permission to participate in the above event sponsored by Corbett Volleyball. I certify that the participant has full medical insurance with the company listed below. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Signed: _____ Relationship: _____ Date: _____

INSURANCE NAME: _____ POLICY# _____

PHOTO CONSENT

I hereby give my consent for the Corbett Volleyball Program to use any photographs of _____ in their publications, including the Corbett Volleyball website. I release them from any expectation of confidentiality and attest that I am the parent or legal guardian of the athlete listed below.

Player's Name: _____

Parent/Guardian Signature: _____ Date: _____

Completed form and \$20.00 registration fee must be received by 6/20/10

Mail to: Corbett Volleyball, c/o Angela Davis, PO Box 541 Corbett, OR 97019