



2008/2009

**HVA MEMBERSHIP REGISTRATION**

Date: \_\_\_\_\_

**DIVISION:**

\_\_\_\_\_ Tues. Advanced    \_\_\_\_\_ Tues. Intermediate    \_\_\_\_\_ Friday Adv/Intermediate    \_\_\_\_\_ Friday Recreational

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Birth Date (Month/Day): \_\_\_\_\_

The best way to contact me is: \_\_\_\_\_

T-Shirt Size (circle):    S    M    L    XL    XXL

**LIABILITY RELEASE & WAIVER:**

\_\_\_\_\_ I, the undersigned, hereby certify that I am in good physical health and without any physical limitations that would impede my full athletic participation in Hotlanta Volleyball Association (HVA) activities.

\_\_\_\_\_ I further certify that I am over eighteen years of age and fully competent to execute the waiver and the release with full knowledge thereof.

\_\_\_\_\_ By my signature below, I hereby release, discharge and waive HVA, the HVA Sports Committee, Agnes Scott College, Druid Hills United Methodist Church, Emory University, Georgia State University and each of their officers, members, agents, employees, representatives and/or volunteers from any liabilities (including, but not limited to all medical costs, lost earnings and property loss), if any, which may arrive from my participation in HVA activities, and all transportation in connection with such participation.

\_\_\_\_\_ By my signature below, I additionally agree to abide by and follow any and all of HVA's By-Laws and all rules, regulations, guidelines and procedures set forth by HVA and all entities associated herewith including being under the influence of alcohol or any illicit substance.

**Signature:** \_\_\_\_\_

**Annual membership fee is \$15. Submit this completed form along with membership fee.**

**Please make checks payable to: HVA**

<b>HVA ONLY</b>			
Reg. No.: _____	Amt Pd.: _____	Date Pd.: _____	HVA Rep.: _____