



Hotlanta Volleyball Association

2009-10 Registration Form

HVA Membership runs September 1 to August 31. Annual membership fee is \$15.00.
Open play costs Members \$5.00, Non-Members/Guests \$10.00 (first visit is free)

Name _____	Division _____	<input type="checkbox"/> Advanced (requires BB rating)
		<input type="checkbox"/> Intermediate (requires B rating)
		<input type="checkbox"/> Recreational
E-Mail* _____	Birth Day/Month _____	
Address _____	City/State/Zip _____	
Phone 1 _____	<input type="checkbox"/> Mobile	<input type="checkbox"/> Home <input type="checkbox"/> Work
Phone 2 _____	<input type="checkbox"/> Mobile	<input type="checkbox"/> Home <input type="checkbox"/> Work

For guests/new members, please tell us how you heard about HVA!

- Former HVA member Advertisement News Article Friend
 Atlanta Gay Sports Alliance Other HVA Member Pride HVA Website
 Other _____

LIABILITY RELEASE & WAIVER (please check to acknowledge)

- 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 (18) 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, and all facilities that may host HVA activities, their officers, members, agents, employees, representatives &/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, rules, regulations, guidelines, and procedures set forth by HVA and the HVA Sports Committee and all entities associated herewith including being under the influence of alcohol and any illicit substance.

Signature _____ Date _____

HVA Use Only

Payment Received _____ Cash Web Check _____
Received by HVA Rep _____
T-Shirt Size S M L XL XXL

*Member/guests automatically added to the HVA email distribution list. Individuals can opt out at anytime.
www.hotlantavolleyball.org