Colorado Boys High School Volleyball Association

Player Registration

Due Date: February 27, 2012 (Please update this form as players are added or removed.)
Amount: $12.00 /player
Refundable: No

Reason for fee: Allows CBHSVA to buy insurance for each player, coach, volunteer, and CBHSVA Officers. Also reimburses CBHSVA for adminsitration costs.

Notes: Each player must submit, for the teams advocate's file, a copy of Medical Release form and signed pledge to abide by School/CHSAA Code of Conduct. Please use this form to add or delete players and coaches as the season progresses. **UNTIL A PLAYER OR COACH'S NAME IS SUBMITTED ON THIS FORM THEY ARE NOT COVERED BY CBHSVA INSURANCE!**

Name of School:			
Name:	Address:	Phone:	Grade or Coach

As the team advocate I certify that I have on file each player's signed Medical Release and School/CBHSVA Code of Conduct eligibility form.

Advocate/Team Rep Signature:	Date:

Mail this completed form with check made payable to CBHSVA to:
CBHSVA Registration
PO Box 18146
Colorado Springs, CO 80935-8146