

2012 San Antonio Spike Fest Summer League

Individual Registration Form

Name of Player: _____

Full Mailing Address: _____

City: _____ Zip: _____

Age: _____ Height: _____

Grade for school year 2012-2013: _____

School/Team to play with this summer: _____

Coach Name: _____

Athletes/Parents: Please complete and return this form
and proper payment to your team coach.

*League play will begin on May 28th. All schedules for practices are
done by your individual coach. Schedules for games will be available
from either your coach or on our website,
www.saspikfest.com after May 21st.

**The following statements should be read carefully and must be signed by a parent
or guardian.**

I hereby give my child permission to participate in the San Antonio Spike Fest program. This
Authorization shall waive, release, and absolve San Antonio Spike Fest, any host facility, or it's
league staff from any and all liability for injury or illness incurred in the league. I give the staff
permission to act on my behalf , according to their best judgment, in any emergency.

I also certify that _____ has no physical problems which would
impede his/her participation in the San Antonio Spike Fest League other than those noted on
an attached sheet of paper.

Signed _____ Relationship to child _____

Home Phone: _____ Business Phone: _____

Other phones: _____

Jersey Size: Adult S _____ M _____ L _____ XL _____ XXL _____

(Please make as many copies as necessary)