



# USA VOLLEYBALL LEAGUE TEAM REGISTRATION SUMMARY FORM 2008- 2009 SEASON

Region: \_\_\_\_\_ League Name: \_\_\_\_\_

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

Team Rep: \_\_\_\_\_

Team Rep Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Team Rep Email: \_\_\_\_\_

Team Rep Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Team Position	First Name	Last Name	( X ) the Signed forms Attached to this sheet			
			USAV Registration	USAV Code of Conduct & Waiver	Medical Release Junior Players Only (Keep a Copy)	Fees Paid
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Player						
Team Staff	First Name	Last Name	USAV Registration	USAV Code of Conduct & Waiver	Background Screening Form or Expiration Date (Junior Teams Only)	Fees Paid
Team Rep						
Coach						
Coach						
Coach						
Coach						

Team Rep Signature: \_\_\_\_\_ Date: \_\_\_\_\_

League Rep Signature: \_\_\_\_\_ Date: \_\_\_\_\_