



USA VOLLEYBALL LEAGUE TEAM REGISTRATION SUMMARY FORM 2011- 2012 SEASON

Region: _____ League Name: _____

Team Name: _____

Team Representative Information

Name: _____

Address: _____

City, State, Zip: _____

E-Mail: _____

Day Phone: _____ Night 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						

Team Rep Signature: _____ Date: _____

League Rep Signature: _____ Date: _____