

2009-2010 VOLLEYBALL ATLANTA MEMBERSHIP APPLICATION

Website - www.volleyballatlanta.org

Name _____

Address _____

City _____

State _____

Zip _____

Home Phone _____

Cell Phone _____

Fax _____

E-Mail _____

Team _____

Date _____

**Annual Membership Runs From
April 1, 2009 to March 31, 2010**

**Individual Membership \$50
Family Membership \$80**

Please make checks payable to Volleyball Atlanta, Inc. & Mail to Volleyball Atlanta
PO Box 29633
Atlanta, GA 30359

Player Waiver

I, the above signed, agree that I will play for the team named above and/or participate in other events of Volleyball Atlanta, Inc. (hereinafter VBA) and will abide by all rules and policies as set forth by VBA, its Agents and Organizers of all leagues, tournaments, open play events, team practices and clinics. In consideration of being allowed to participate in these or any events of VBA, I the above signed do hereby agree to hold harmless and indemnify VBA, the City of Atlanta, the Virginia-Highland Civic Fund and Association, the county Governments of Fulton and DeKalb, the Atlanta and DeKalb Public School Systems, and any other site or organization which may be used by VBA for its events, their officers, officials, representatives, employees, agents, organizers and sponsors immune from and against any liability which may be incurred in connection with my participation for such events and activities, including without limitation, travel associated with such events and activities.

Signature _____

28TH YEAR!