

**Men's Basketball and  
Co-Ed Volleyball  
Fitness Registration**  
Calvary United Methodist Church  
Mount Airy, Maryland

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Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

e-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Birth Date Month\_\_ Day \_\_ Year\_\_

T-shirt Size (Circle one) AS AM AL AXL

Please complete the following Emergency Information:

Emergency Contact: \_\_\_\_\_ Phone ( ) \_\_-\_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Insurance Number \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone( ) \_\_-\_\_\_\_\_

Special Medical Information/Other Considerations:

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Waiver: I assume all risks and hazards incidental to such participation both during an activity and en route and do hereby release and waive all claims against Calvary Church, it's staff, volunteers, and participants.

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Participant's Signature

Date

(If participant is under 18, parent or guardian must sign)