



**USA VOLLEYBALL LEAGUE  
TEAM REGISTRATION SUMMARY FORM**

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

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

Team Rep Information Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, 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	Fees Paid	
Player						
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	Fees Paid	Background Screening Form or Expiration Date (Junior Teams Only)
Coach						
Team Rep						

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

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