



# 7 - 8 Boys & Girls

Name of staff:	_____
Date:	_____ Fee: _____
Amount Paid:	_____
Method:	_____
Receipt Book#	_____

Registration Number \_\_\_\_\_ Returning Player Yes \_\_\_ No \_\_\_

Player's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Sex: \_\_\_\_\_ Age \_\_\_\_\_

Birth Date: \_\_\_\_\_ BC# \_\_\_\_\_

Shirt size YS \_\_\_ AS \_\_\_ YM \_\_\_ AM \_\_\_ YLG \_\_\_ ALG \_\_\_ YXLG \_\_\_ AXL \_\_\_

School: \_\_\_\_\_ Email: \_\_\_\_\_

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Mother's Last Name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ will Parent help with coaching a team \_\_\_\_\_

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Father's Last Name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ will Parent help with coaching a team \_\_\_\_\_

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Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## WAIVER

I give permission for my son/daughter to participate in the Roswell Youth Volleyball League sponsored by Roswell Recreation Department and all activities involved with the program. It is understood that I waive and release any and all rights and claims for damages which, I or my heirs may have against the City of Roswell, and all sponsors, and any of their agents, representatives and assignees, for any and all injuries, loss or damages which may occur while my son or daughter is a participant in the program. I realize that there is inherent risk in these activities and I am willing to accept the results of those risks. I also agree in registering my child for the Youth Volleyball League, and accept the team my child is placed on.

## PHOTO/VIDEO RELEASE

I understand that as a participant, myself or my child may be photographed and/or videotaped during participation in the City of Roswell Parks and Recreation activities. These photos/videos may be used in presentations and/or promotional material. By signing, I release the City of Roswell to use these photos and/or videos.

## Team Placement Agreement

In registering my child for the Youth Volleyball League, I agree to accept the team my child is placed on.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_