



11 - 12 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: _____

Mother's Last Name: _____ First name: _____

Address: _____ Home Phone: _____

Cell: _____ will Parent help with coaching a team _____

Father's Last Name: _____ First name: _____

Address: _____ Home Phone: _____

Cell: _____ will Parent help with coaching a team _____

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: _____