

# CS Youth Volleyball Sign Up Form

PLAYER'S FIRST & LAST NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PARENT/GUARDIAN FULL NAME \_\_\_\_\_

PHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ EMERG. PHONE \_\_\_\_\_

(The emergency contact is who we would call if we cannot reach the parent/guardian listed above)

REGISTRATION FEE--\$25--Cash, money order, or checks payable to CSHS Volleyball.

Mark Current Grade: \_\_\_3rd\_\_\_4th\_\_\_5th\_\_\_6<sup>th</sup>

Circle Shirt Size:

Child Size:      Sm (5-6)      Med (7-8)      Large (10-12)

Adult Size:      Sm      Med      Large      X-Large

Other Information: Games will be on Sunday afternoons and start in October. Practices will start in the first couple of weeks of September. Deadline to sign-up is August 24<sup>th</sup>. **\*\*Must have kneepads to practice and play\*\***

Release from liability in consideration of being allowed to participate in any way with the CS Youth Volleyball Program. The undersigned:

1. If participant is under 18 years of age, I, the parent or guardian in consideration of our child being allowed to participate in this activity agree to indemnify and hold harmless the foregoing parties from and against any and all claims demands, causes of actions, however stated, and brought by our child against the foregoing parties.
2. Releases, waives, discharges and agrees not to sue the CS Youth Volleyball program, their respective administrators, directors, agents, coaches, other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers; and if applicable, owners and lesser of premises used to conduct the event all of which are hereinafter referred to as "releases," from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or part by the negligence of the release or otherwise.
3. Authorize medical personnel to execute on my-our behalf any permission forms and other appropriate medical documents and act on my-our behalf if I/we are not able to do so.
4. The undersigned have read the above waiver-release: I understand the above covenant and that I am signing it voluntarily.

SIGNED \_\_\_\_\_ Date: \_\_\_\_\_ RELATIONSHIP to MINOR \_\_\_\_\_

(Parent/Guardian Signature-**required**)

Office Use Only

Check # \_\_\_\_\_

Paid Cash \_\_\_\_\_

Questions: Contact April Zoglmann @ [aprilzoglmann@hotmail.com](mailto:aprilzoglmann@hotmail.com) or 316-640-4096