

# Fredonia Youth Sports Volleyball Registration Form

6<sup>th</sup>-8<sup>th</sup> grade girls--\$30

Player Name: \_\_\_\_\_

Birth date \_\_\_\_\_

Age \_\_\_\_\_

Parents/Legal Guardian: \_\_\_\_\_

Phone # \_\_\_\_\_

Cell/Work \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

List any medical conditions or allergies

\_\_\_\_\_

Shirt Size: \_\_\_\_\_

Spandex Shorts Size:

\_\_\_\_\_

Sizes available: Youth XS to  
Adult XXL

*I, the undersigned parent or guardian of \_\_\_\_\_, hereby give my permission for my child to play in the Fredonia Youth Volleyball League. I hereby give my consent for emergency medical care as prescribe by a duly licensed doctor or dentist. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent. I am signing notwithstanding my knowledge of those risks to my child, and am knowingly waving the right to sue for negligence since I wish my child to able to participate in the Fredonia Youth Baseball/Softball League. I personally and on behalf of my child, knowing hold harmless, release and covenant not to sue the Fredonia Youth Baseball/Softball League, its officers, coaches, and all others associated with the league from all claims of damage to my child. This hold harmless, release and covenant not to sue specifically claims for negligence.*

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

**I am willing to help with:**

Coach

Assistant Coach

Scorekeeper

Concessions

Team Parent

**Best way to reach me:**

Text

Call

Email

Facebook

Other \_\_\_\_\_

**Return this form and money to the School or Town Office by August 15, 2016.**

**Any questions text or call 928-482-7688**