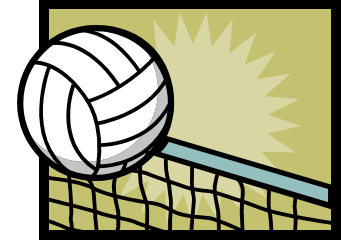




**Town of Aberdeen Parks and Recreation Department  
2019 Athletics - Youth Sports**

**\*Volleyball Registration\***

First Practice - September 16th or 17th



**Deadline: September 6th Or Until Full)**  
**Eligibility: Girls Ages 7-9, 10-14 (as of 8/31/19)**  
**Fee: Residents \$12 / Non-residents \$25**

**Participant's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Female / Male**  
**Age (as of 08/31/19):** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**Preferred Phone #:** \_\_\_\_\_ **Secondary Phone #:** \_\_\_\_\_  
**Parents Name(s):** \_\_\_\_\_  
**How did you hear about this league?** \_\_\_\_\_  
**Medical Problems:** \_\_\_\_\_

**\*\*Parents, would you like to volunteer? Coach** \_\_\_\_\_ **Asst. Coach** \_\_\_\_\_  
**If Yes, contact Name** \_\_\_\_\_ **Number** \_\_\_\_\_  
**\*\*Would you like to sponsor a team or know a business that would? Yes** \_\_\_ **No** \_\_\_  
**If Yes, contact Name** \_\_\_\_\_ **Number** \_\_\_\_\_

**Do you have a team, player or coach request?** \_\_\_\_\_

**PARENTS READ CAREFULLY**

I hereby agree to allow my child to participate in the activity sponsored by Aberdeen Parks and Recreation Department. I understand that my child shall abide by all league rules as a condition of participation or a risk of expulsion from the program. I understand that my child may suffer accident or injury as a direct or indirect result of participation and agree to assume all risk involved in my child's participation. In the event of an injury, I will not hold the Town of Aberdeen, agents, volunteers, or employees responsible or liable. I also give permission to Aberdeen Parks and Recreation Department to give medical attention to my child as deemed necessary. I also release any pictures taken during this program to be used as promotional purpose.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Player Shirt Size:** YS YM YL AS AM AL AXL AXXL

**Coach Shirt Size:** AS AM AL AXL AXXL AXXXL AXXXXL

**\*For Department Use Only\***

**Registration Fee:** \$12 R \$25 NR CC CASH CHECK# \_\_\_\_\_ ONLINE CC Date Paid \_\_\_\_\_ Staff \_\_\_\_\_