



2011 GIRLS VOLLEYBALL REGISTRATION FORM

FOR OFFICE USE ONLY:
 REG. FEE PAID _____ UNIFORM FEE PD. _____ CK# / CASH _____
 LEAGUE _____ AGE _____
 INPUTTED BY _____ DATE _____

LAST NAME _____ FIRST NAME _____ INIT. _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 TELEPHONE # _____ CELL# _____ BIRTHDATE _____ AGE _____ FEMALE _____

LIVES WITH: FATHER _____ MOTHER _____ BOTH _____ OTHER _____
 FATHER'S NAME _____ OCCUPATION _____ BUS. PHONE _____
 MOTHER'S NAME _____ OCCUPATION _____ BUS. PHONE _____

LIST ANY MEDICAL PROBLEM OR PROHIBITION PLAYER HAS _____
 PERSON TO NOTIFY IN EMERGENCY _____ TELEPHONE _____
 NUMBER OF YEARS PLAYED _____ LAST LEAGUE _____ LAST TEAM _____

SCHOOL _____ GRADE _____ EMAIL ADDRESS _____

SIGN UP DATES MONDAY JUNE 20 TH 2011 THRU JULY 1ST 2011, AT CRD FROM 8:00AM TO 5:00PM PRACTICES BEGINS JULY 11TH, GAMES BEGIN JULY 18TH.

JERSEY	SHORTS	SIBLINGS IN LEAGUE
YOUTH ADULT S M L S M L XL XXL	YOUTH ADULT S M L S M L XL XXL	NAME _____ AGE _____ NAME _____ AGE _____ NAME _____ AGE _____

I, PARENT OR GUARDIAN OF THE ABOVE NAMED PLAYER HEREBY GIVE APPROVAL FOR PARTICIPATION IN ANY AND ALL THE CROWLEY RECREATION DEPARTMENT LEAGUE ACTIVITIES. I HEREBY GRANT PERMISSION TO MANAGING PERSONNEL OR OTHER LEAGUE REPRESENTATIVE TO AUTHORIZE AND OBTAIN MEDICAL CARE FROM ANY LICENSED PHYSICIAN, HOSPITAL OR MEDICAL CLINIC SHOULD THE PLAYER BECOME ILL OR INJURED WHILE PARTICIPATING IN LEAGUE ACTIVITIES AWAY FROM HOME, OR WHEN NEITHER PARENT OR LEGAL GUARDIAN IS AVAILABLE TO GRANT AUTHORIZATION FOR EMERGENCY TREATMENT. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES, AND DO HEREBY WAIVE, RELEASE, ABSOLVE, IDENTIFY AND AGREE TO HOLD HARMLESS THE LOCAL LEAGUE ORGANIZATION, SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING THE PLAYER TO AND FROM THE ACTIVITIES, FOR ANY CLAIMS ARISING OUT OF INJURY TO THE PLAYER. I/WE PARENT, GUARDIAN OR PARTICIPATE OF THE ABOVE NAMED CANDIDATE, DO HEREBY GIVE MY/OUR APPROVAL TO HIS/HER PARTICIPATION IN ALL ACTIVITIES. I AGREE TO RETURN ANY UNIFORM OR EQUIPMENT ISSUED TO MY SON/DAUGHTER AT THE END OF THE SEASON, AND FURTHER AGREE TO PAY FOR ANY EQUIPMENT OR UNIFORM LOST OR NOT RETURNED.

SIGNED _____ PARENT OR GUARDIAN

PARENTAL SUPPORT

WE ASK FOR ACTIVE PARTICIPATION OF ALL PARENTS IN OUR PROGRAM. CHECK AREA (S) IN WHICH YOU WOULD BE WILLING TO HELP.

COACH
 ASSIST. COACH
 TEAM MOM

THIS RELEASE FORM MUST BE SIGNED BY THE PARENTS AND RETURNED TO THE CROWLEY RECREATION DEPARTMENT OFFICE: ALONG WITH REGISTRATION FEE ON OR BEFORE THE DEADLINE LISTED BELOW. REGISTRATION FEES ARE \$25.00 IF YOU LIVE IN THE CITY LIMITS AND \$35.00 OUTSIDE THE CITY LIMITS. EACH ADDITIONAL CHILD IS \$5.00 LESS THAN REGULAR PRICE. THERE WILL BE AN ADDITIONAL MANDATORY FEE OF \$10.00 FOR UNIFORMS. IF YOU'RE CHILD HAS NEVER PLAYED SPORTS WITH US, WE WILL NEED A COPY OF THEIR BIRTH CERTIFICATE AT TIME OF REGISTRATION.

**AGES OR AGES DIVISIONS DETERMINED BY TOTAL REGISTRATIONS.
 8 & 9 8, 9 & 10 AGE DETERMINING DATE WILL BE AUGUST 31, 2011
 10 & 11 11, 12 & 13
 12 & 13**

**ALL PRACTICE AND GAMES WILL TAKE PLACE AT THE MLK CENTER.
 FOR MORE INFORMATION CONTACT TIM ROBICHAUX AT 788-4124.**