

Lohff-Schumann 5th - 6th Grade Volleyball Registration

Registration forms due August 9th

Competitor/Child's Full Name: _____

Child's Date of Birth: ____/____/____ Grade this fall: _____

Father's Name: _____ Cell Ph: _____

Mother's Name: _____ Cell Ph: _____

Home Address: _____ City: _____ St: _____ Zip: _____

Email Address: _____

*I already have a jersey (yes/no) _____ # on jersey _____

*I need a new jersey - **\$25** (yes/no) _____ Size _____ Preferred # on jersey- option 1 _____ option 2 _____ option 3 _____

Jerseys will be ordered through the rec center

Emergency Contact: (If parents cannot be contacted)

Name: _____ Phone: _____

I am willing to help coach: (yes or no) _____ Person Volunteering: _____

Registration Fee: LS Members \$25 – Non-LS Members \$30

Jersey Fee if applicable: \$25

Season games are played Saturday mornings, September 7th – October 5th

Double elimination tournament is scheduled for October 12th

WAIVER: I give permission for my child, listed on this registration form, to participate in the Youth Volleyball Program. I understand that it is the parent's responsibility to provide any needed insurance and hereby release the Youth League, Community School, Association, Board Members, Coaches and Umpires from any liability associated with any injury my child may receive while participating in scheduled practices, games or tournaments.

STATEMENT OF UNDERSTANDING: I understand that it is the parent's responsibility to provide transportation to/from practices and games. I further understand that registration fees are due at time of registration.

Parent's Signature: _____ Date: _____