

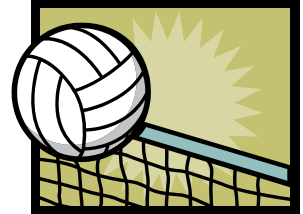


Town of Aberdeen Parks and Recreation Department

2020 Athletics

Volleyball Registration

First Practice - September 8th or 9th (subject to change)



Deadline: August 28th Or Until Full
Eligibility: Girls Ages 7-10, 11-14 (as of 8/31/20)
Fee: Residents \$12 / Non-residents \$25

Participant's Name: _____ DOB: _____ Female / Male
 Age (as of 08/31/20): _____ 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 _____ Email _____
****Would you like to sponsor a team or know a business that would? Yes ___ No ___**
If Yes, contact Name _____ Number _____ Email _____
 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 _____