

Winfield Park & Recreation VOLLEYBALL Registration

*Full Name (as shown on birth certificate) _____

Age of Player TODAY: _____ Date of Birth _____

Mailing Address _____

Phone #'s for contacts, please circle relationship to players

1 _____ Name _____ Mom-Dad-Grand-Other _____

2 _____ Name _____ Mom-Dad-Grand-Other _____

3 _____ Name _____ Mom-Dad-Grand-Other _____

Name of other siblings playing _____

Parents Name _____

Name child known by _____

Registration Fee \$65.00 1st child \$55.00 each additional sibling. Copy of birth certificate required at sign up.

Please circle the correct size below:

Jersey yxs ys ym yl axs as am al axl axxl

Shorts yxs ys ym yl yxl as am al axl axxl

Socks y a

Knee Pads- small med large

Parent or Guardian must sign below for child to participate:

I understand that Winfield Park & Recreation does not provide insurance for regular season league play. I give my child permission to participate in all league activities. I assume all risks associated with the league, including but not limited to practices, games and transportation to and from same. I hereby waive, release, absolve, and agree to indemnify and hold harmless the City of Winfield, Winfield Park and Recreation Department, coaches supervisors, officials, participants, spectators and facility owners from all claims, demands, actions, or liabilities which may arise out of participation in the league, including, but not limited to ballgames, practices, or transportation to and from the same.

I certify that:

1. I have been provided with information on concussions in youth sports in compliance with HB 108.
2. I understand that on a yearly basis, the concussion in youth sports information sheet shall be signed and returned to the Winfield Park and Recreation by myself (or my parent or legal guardian if I am under the age of eighteen (18) years old) prior to my initiating practice or competition. If any player/participant is suspected of suffering a concussion or brain injury, the player will be removed from practice or competition and not returned to practice or competition until cleared in writing by a licensed health care provider trained in the evaluation and management of concussions (Medical Doctors, Certified Athletic Trainers, etc.)

I certify that:

I have read and received a copy of The Winfield Park and Recreation Family Behavior Policy and agree to comply with the rules as stated within the said policy.

Parent or Guardian Signature _____ **Date** _____

Medical conditions or allergies that coaches should be aware of: _____

Age :My child will be _____ years old as of July 31, 2019. **Grade in school** _____ as of August 2019.

For office use only- do not write inside this box

Paid by: _____ Cash in the amount of \$ _____ or
_____ Check in the amount of \$ _____ # _____

Payment accepted by _____ Birth Certificate _____

Player tried on uniform samples Yes _____ No _____ Date _____