

Youth Volleyball League

Grades 2-6

NAME: _____

ADDRESS: _____

CITY & ZIP CODE: _____

BIRTH DATE: _____ AGE: _____

1st PHONE: _____ 2nd PHONE: _____

CURRENT GRADE (2020-2021 SCHOOL YEAR): _____

PARENT'S NAME: _____

SHIRT SIZE: Child Small (6/8) _____ Child Med (10/12) _____

Child Large (14/16) _____ Adult Small _____

Adult Med _____ Adult Large _____

\$25 League Fee _____

APPLICATIONS & FEE MUST BE MAILED OR DROPPED OFF
BY OCTOBER 11, 2020

A \$5 late fee will be applied to all applications received after deadline date

Games run Saturdays, NOVEMBER 7 - 28

PLEASE MAIL TO: *Ste. Genevieve County Community Center*

PO Box 403

Ste Genevieve MO 63670

For questions please contact Bryan Gegg @ 573-883-5244

**ANY ONE INTERESTED IN HELPING OR COACHING A TEAM
PLEASE SIGN BELOW.**

COACH: _____

HELP: _____

PARENT PERMISSION FORM

I/We give our permission for _____ to participate in the Youth Volleyball League. I/We realize that participation involves the potential for injury that is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of the rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death.

I, the undersigned participant, on behalf of myself, my heirs, legatees and assigns, hereby agree to indemnify, save and hold harmless the Ste. Genevieve County Community Center and any of their agents, representatives, employees or assigns, for my health, safety or injury and/or disability arising out of or resulting from participation in this program. I also authorize any photos taken of myself, the participant, to be used in any publicity or promotion materials by the department.

I/We acknowledge that I/We have read and understand the above.

Signature of Participant

(Parent if registering a minor)

Date