

Kingston Parks and Recreation

Volleyball

Today's Date		Grade in School		Name he/she prefers to be called	
Players First Name		Middle Name		Last Name	
Street Address			City	State	Zip
D.O.B / /	Age as of January 1 st of this year		Previous years of experience		School district you attend

Parent or Guardian First name 1.		Last Name		Cell Phone	
Not required but recommended 2.		Last name		Cell	
Email					
Player Shirt Size (Circle One) YXS YS YM YL YXL S M L XL XXL				Additional shirts (\$15 Each)	

Parents and guardians are encouraged to contribute to its operation. Please Indicate your preference for volunteering your time or services.

<input type="checkbox"/> Coach	<input type="checkbox"/> Team Parent	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Equipment Mgr.	<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Referee	<input type="checkbox"/> Scorekeeper
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Please read the following carefully

- The registration fee covers the cost of insurance, player shirt, Referee costs and any other cost associated with this league
- I certify that I have given the correct age of this player. (Proof of age must be on file).
- I agree to conduct myself as a responsible adult and let my actions be governed by what is the best for the league, rather than any individual.
- I understand the Director or his/her designate has the right and obligation to remove from the area any person deemed to be behaving in a manner contrary to the spirit of the sportsmanship, decency, and/or fair play.
- I understand that the officials of this league are volunteers and are performing their duties with the best interest of all participants in mind.
- I understand that the purpose of this program is all youth involved to enjoy themselves.
- I agree to pay the replacement cost for any equipment that any child damages by abuse or negligence.
- I hereby release the managers and coaches, the Roane County school Board, the City of Kingston and/or any other person providing their name and services under the authority of this league from and liability, claim, or damages which may arise in case of injury or damage during or while in route to or from league play, practice, or any sanctioned league function.
- I understand that my child is not eligible to play ball until all necessary information and forms are filled out and returned to the proper league official.
- There will be a \$30.00 Service charge on all returned checks.
- My signature below certifies that I have read and understand the information presented and agree to the terms.

Parents or Guardian Signature: _____ Date: _____

Registration fee \$55

Total amount: _____