

**POTTSBORO YOUTH ASSOCIATION VOLLEYBALL REGISTRATION FORM**

**\$40 per player**

**Athlete's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Shirt Size \_\_\_\_\_ (each player will provide their own kneepads)

**Parent/Guardian Name** \_\_\_\_\_ **Employer** \_\_\_\_\_

Address (if different from above) \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Allergies (List): \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I hereby give permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc., under the discretion of the person I listed above on this form until such time that I may be contacted. My child's name is \_\_\_\_\_. This release is effective for the time during which my child is participating in the Pottsboro Youth Association volleyball program. I also hereby assume the responsibility for payment of any such treatment. I hereby consent for my daughter to participate in the Pottsboro Youth Association volleyball program. I will assume all risks and hazards that are incidental to the activity and agree to save and hold the Pottsboro Youth Association and its volunteers harmless of any and all claims, costs, and demands arising out of her participation. I understand that the insurance provided under this program is a secondary accident insurance policy, if she is covered under another medical insurance policy already. I understand that the insurance provided for her in this program may not pay all medical costs incurred in the event of an accidental injury to her. I further agree that I, and not the Pottsboro Youth Association, will be responsible for any amounts not paid under the insurance coverage provided.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Are you interested in coaching or do you know someone that is interested?**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

| <b>Payment Received By:</b> | <b>Cash Amount</b> | <b>Check Amount</b> | <b>Check Number</b> |
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