

\$45.00 Fee

2010
PLAYERS'S FORM
CITY OF HONDO

Please Initial if you want your child put in the Open Draft.

*No Initials the child will stay on the same team from previous year

GIRL'S VOLLEYBALL LEAGUE

PLEASE PRINT THE FOLLOWING INFORMATION:

TODAY'S DATE: _____

PLAYER'S NAME _____ (CIRCLE ONE) MALE FEMALE

AGE (as of 9/1/2010): _____ BIRTH DATE: ____/____/____ GRADE: _____

SHIRT SIZE (CIRCLE ONE): Youth: S M L Adult: S M L XL XXL

LEGAL ADDRESS: _____ CITY: _____

PHONE: (H) _____ (C) _____ (W) _____

IF THERE ARE SIBLINGS IN THE SAME LEAGUE WOULD YOU LIKE THEM ON THE SAME TEAM?
YES NO

SIBLINGS NAME: _____

Email: _____

NO SPECIAL REQUESTS

AS CONSIDERATION FOR ALLOWING THE PARTICAPANT TO REGISTER FOR THE CITY OF HONDO YOUTH VOLLEYBALL LEAGUE, I HEREBY, FOR MYSELF, THE PARTICAPANT AND OUR REPRESENTATIVE HEIRS, EXECUTORS, AND ADMINISTRATORS, RELEASE AND HOLD HARMLESS THE CITY OF HONDO AND IT'S OFFICERS, EMPLOYEES, AGENTS, OFFICIALS, COACHES, AND VOLUNTEERS ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY WHATSOEVER, INCLUDING ATTORNEY'S FEES, BROUGHT FOR OR ON ACCOUNT OF ANY INJURIES OR DAMAGES RECEIVED OR SUBSTAINED BY THE PARTICIPANT ON ACCOUNT OF ANY NEGLIGENT ACT OR OMISSION OF THE CITY, IT'S OFFICERS, EMPLOYEES, AGENTS, OFFICIALS, COACHES, AND VOLUNTEERS IN CONNECTION DIRECTLY WITH HIS/HER PARTICIPATION IN THE YOUTH VOLLEYBALL LEAGUE.

PERMISSION IS HEREBY GRANTED FOR THE ABOVE NAMED INDIVIDUAL TO PARTICIPATE IN THE YOUTH VOLLEYBALL LEAGUE. IT IS AGREED THAT HE/SHE SHALL BE SUBJECT TO ALL SAFETY REGULATIONS ENFORCED BY THE STAFF DURING THE SEASON. ALSO, IF HE/SHE IS COACHING IN A MANNER THAT IS NOT BENEFICIAL TO THE PLAYERS OF THE YOUTH VOLLEYBALL LEAGUE PROGRAM, HE/SHE WILL BE ASKED TO RELINQUISH THEIR SUPERVISION AND MANAGEMENT OF THE YOUTH VOLLEYBALL TEAM.

PERMISSION IS GRANTED FOR THE USE OF THE CHILD'S NAME AND/OR PICTURE TO BE PRINTED IN THE NEWSPAPER OR POSTED ON THE CITY OF HONDO WEBSITE.

PARENT OR GUARDIAN

SIGNATURE: _____ DATE: _____

NAME: _____ DATE OF BIRTH: ____/____/____

RELATIONSHIP OF GUARDIAN TO CHILD: _____

FOR OFFICE USE ONLY

RECEIPT: _____

TEAM: _____

First year: YES NO

Plan A Plan B Plan C