

# WHITESBORO P.A.R.D. YOUTH VOLLEYBALL

**REGISTRATION DEADLINE – FRIDAY, AUGUST 25th , 2010 AT 5:00PM**

**REGISTRATION FEE - \$ 55.00**

LATE REGISTRATION FEE - \$ 65.00 ( TAKEN ONLY IN CASES OF SHORTAGES ON ROSTERS)

SEND COMPLETED FORM, FEE AND COPY OF BIRTH CERTIFICATE TO PO BOX 340, WHITESBORO, TX 76273 OR BRING TO P.A.R.D. AT 400 N. WILSON. **DO NOT SEND TO SCHOOL**

FAMILY DISCOUNT: 2 CHILDREN - \$5.00 OFF TOTAL FEE / 3 CHILDREN \$10.00 OFF TOTAL FEE

CALL P.A.R.D. ABOUT SCHOLARSHIP AVAILABILITY AND PAYMENT PLAN IF NEEDED(903-564-5964)

LEAGUE AGE DIVISION DETERMINED BY GRADE THIS SEASON : (CIRCLE ONE) 3<sup>RD</sup> & 4<sup>TH</sup> / 5<sup>TH</sup> & 6<sup>TH</sup>

(PLAYER'S LEGAL NAME) LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OF BIRTH—MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ MALE/FEMALE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

EMAIL \_\_\_\_\_

FATHER'S BUS. PHONE \_\_\_\_\_ MOM'S BUS. PHONE \_\_\_\_\_

MEDICAL PROBLEMS OF PLAYER \_\_\_\_\_

DOCTOR TO NOTIFY IN EMERGENCY \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO NOTIFY IN EMERGENCY(NOT PARENTS) \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

**SHIRT SIZE – CIRCLE ONE** YS 6-8 / YM 10-12 / YL 14-16 / AS / AM / AL / AXL / AXXL

LIABILITY WAIVER AND CONSENT FOR MEDICAL TREATMENT

I, HEREBY GIVE MY APPROVAL FOR THE ABOVE-NAMED TO PARTICIPATE IN THE PARD YOUTH SPORTS PROGRAM. I ASSUME ALL RISK AND DO HEREBY WAIVE, RELEASE AND AGREE NOT TO HOLD THE CITY OF WHITESBORO, THE PARD, THE ORGANIZERS, SPONSORS, SUPERVISORS PARTICIPANTS AND PERSONS TRANSPORTING MY CHILD RESPONSIBLE FOR ANY INJURY THAT MAY BE INCURRED WHILE PARTICIPATING IN THE PROGRAM. AS THE PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED PLAYER, I HEREBY GIVE CONSENT FOR EMERGENCY MEDICAL CARE PRESCRIBE BY A DULY LICENSED DOCTOR OF MEDICINE OR DENTISTRY. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL-BEING OF MY DEPENDENT. I DO HEREBY FULLY AND FREELY CONSENT TO THE USE OF THE PARTICIPANT'S PHOTO FOR PROMOTIONAL PURPOSES ON BOTH PRINTED MATERIALS AND WEBSITES. I DO HEREBY RELEASE AND HOLD HARMLESS THE CITY OF WHITESBORO FROM ANY LIABILITY ARISING OUT OF SAID PARTICIPANT IN A PUBLICATION, ADVERTISEMENT, AND/OR PROMOTION.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

**ARE YOU INTERESTED IN BEING A HEAD COACH (CIRCLE ONE) YES / NO**

SIBLINGS PLAYING IN LEAGUE(NAME & AGE) \_\_\_\_\_

-----CUT OFF AND KEEP-----CUT OFF AND KEEP-----

**SCOUT DAY SATURDAY, AUGUST 21ST 2010**

ALL PLAYERS MUST BE PRESENT AT SCOUT DAY TO BE PLACED IN THE COACH'S DRAFT. IF PLAYERS ARE NOT AT SCOUT DAY, THEY MAY BE PLACED IN A HAT-PICK DRAW. ALL PLAYERS WILL BE ON A TEAM.

SCOUT DAY SCHEDULE

WHITESBORO 3<sup>RD</sup> & 4<sup>TH</sup> AT 1:00 PM  
WHITESBORO 5<sup>TH</sup> & 6<sup>TH</sup> AT 2:00 PM  
COLLINSVILLE 3<sup>RD</sup> & 4<sup>TH</sup> AT 3:00PM  
COLLINSVILLE 5<sup>TH</sup> & 6<sup>TH</sup> AT 3:30PM

SCOUT DAY WILL BE AT DUB HAYES PRIMARY SCHOOL GYM AT 115 4<sup>TH</sup> STREET ( OLD "B" GYM )