

WHITESBORO P.A.R.D. YOUTH VOLLEYBALL

REGISTRATION DEADLINE – FRIDAY, AUGUST 14TH, 2009 AT 5:00PM

REGISTRATION FEE - \$ 45.00

LATE REGISTRATION FEE - \$ 55.00 (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

LEAGUE AGE DIVISION DETERMINED BY GRADE : **5TH & 6TH GRADE GIRLS ONLY**

GRADE THIS SEASON : (CIRCLE ONE) 5TH GRADE / 6TH GRADE

(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 _____

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.

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 22ND 2009

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 GIRLS AT 1:00 PM
COLLINSVILLE GIRLS AT 2:00 PM

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