

Age 8-12 \_\_\_\_\_  
Age 13-16 \_\_\_\_\_

Team: \_\_\_\_\_  
Birth Certificate: \_\_\_\_\_  
Paid: \_\_\_\_\_  
Receipt No: \_\_\_\_\_

**CRAVEN COUNTY RECREATION & PARKS DEPARTMENT  
GIRLS VOLLEYBALL LEAGUE REGISTRATION FORM**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ School: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**FAMILY INFORMATION**

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**If unable to reach either parent in an emergency, call:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Participants Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical conditions, allergies, limitations or special needs of participant (recommended by medical doctor):  
\_\_\_\_\_  
\_\_\_\_\_

We, the undersigned parents or guardians of \_\_\_\_\_, do hereby certify to the Recreation Department of CRAVEN COUNTY that our child is in good health and is able physically to participate in \_\_\_\_\_ Girls Youth Volleyball League 2011-12 .

We do give her permission to participate in the above named event. We recognize children are occasionally hurt while engaged in ordinary play as well as in events of this type. We, therefore, specifically authorize the Recreation Department personnel, paid or volunteer, to take our child to a doctor or the emergency room of the hospital in the event it should appear necessary and we agree to pay any medical charges which are incurred. We assume all risks incident to our child's participating in this activity, including transportation provided and further, in consideration of the COUNTY permitting our child to participate in this activity, we do hereby indemnify the COUNTY against any loss which might be incurred by the COUNTY by reason of her participation. We hereby waive all claims against the CRAVEN COUNTY and if involved in this activity, the organizers, the sponsors or any of the supervisors appointed by them.

We understand that any equipment issued to her belongs to the Recreation Department and that he/she is responsible for it. When she stops participating in said event, we will see that she returns any and all equipment issued to her.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
FATHER MOTHER GUARDIAN

\_\_\_\_\_  
FATHER MOTHER GUARDIAN

Both parents must sign if living. If both parents are deceased, guardian or person in loco parentis should sign.

**VOLUNTEERS NEEDED!!!**

Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Score Keeper \_\_\_\_\_  
Official \_\_\_\_\_ Line Judge \_\_\_\_\_

Please circle jersey size: **Adult:** S M L XL XXL  
Youth S M L XL XXL