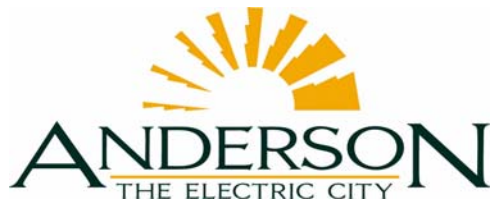


For Office Use Only:
Amount Paid: _____
Circle: Cash Check Card
Check # _____



City of Anderson Parks and Recreation
Girls Volleyball Program

Date: _____

Do you live in or pay Anderson City taxes? Yes No

Child's Name: _____

Birth Date: _____ Age on September 1st, 2011 _____

Home Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____
(if different from home address)

Preferred Contact Number: _____ Alternate Number: _____

E-Mail Address: _____

Grade: _____ School: _____

Parent or Legal Guardian's Name: _____

May we contact you at work? Yes No Work Phone Number: _____

PARTICIPANT MUST BE COVERED UNDER SOME TYPE OF INSURANCE.

Do you wish to purchase insurance for \$10.00? Yes No

List any medical/physical condition that your child has that we need to be aware of:

Please circle the correct shirt size for your child. What you circle is what we will order for your child. We are unable to make changes once the order is placed.

Youth Med Youth Large Adult Small Adult Medium Adult Large Adult XL
Adult XXL

Team Played on Last Year: _____ Do you wish to return? _____

Previous Volleyball Experience of Child: _____

Would you like to assist with this program as a volunteer coach? Yes No

List any volleyball experience you may have: _____

I hereby release the City of Anderson, its coaches, sponsors, and the Recreation Department from any and all liability from damages arising from injuries received by the foresaid player at the present or which may occur in the future while he/she participates in/or travels to this activity.

I have insurance to cover said participant or have purchased the insurance offered by the Rec Department through an independent carrier. I understand that no insurance coverage will be provided by the City of Anderson unless I sign up for it.

I also understand that the insurance has certain limitations and maximums which are explained in the handout that I will receive if I purchase the insurance.

I also understand the following refund policy: Full refund with the exception of a \$10 administrative fee charge, until one week after advertised registration period is complete. After the one week period, NO REFUNDS WILL BE ISSUED.

I understand that there is a \$30 service charge on all returned checks. This fee, as well as all original charges, must be paid in cash before my child will be allowed to participate.

I understand that my child will not be allowed to switch teams once the rosters are set for the season. If I have a problem with a coach or team, I understand that the complaint must be put in writing for review by the Recreation Department.

I understand that my child must attend practice on a regular basis in order to play in games and in order to avoid any disciplinary action. I understand that I must notify the coach in case of an absence.

I also understand that I must get my child to practice/games on time and pick them up on time. I understand that Law Enforcement may be contacted if I fail to pick up my child as discussed in the previous statement.

I acknowledge that the staff of the Anderson Parks and Recreation Department will review this contract for its accuracy. If any of the information is discovered to be false, I fully understand that this contract will be declared null and void and this player will not be allowed to participate.

I agree to conduct myself in a sportsmanlike manner at all times. I understand that this is expected of players, parents, and other family members or friends and that the Recreation Department staff has the authority to remove anyone violating this stipulation without discussion.

I certify that I have read this contract, understand its provisions, and that the information is accurate.

Parent or Guardian's Signature

I hereby give my permission to the City of Anderson to take and use pictures or videos of myself and/or my dependent(s) while participating in programs or using the facilities or equipment. I further give my consent to the City to use such pictures or videos for advertising purposes by the City of Anderson or on its behalf. I agree that there will be no compensation paid for their use.

_____ YES

_____ NO

Scholarship Program Available

The scholarship program is based on level of income.

If interested, please ask for application.