



WICKLIFFE RECREATION DEPARTMENT
2017 YOUTH BEACH VOLLEYBALL LEAGUE

FRIDAYS, JUNE 9 – JULY 28

GAME START TIMES: 6:15 PM, 7:15 PM, 8:15 PM

AT COULBY PARK SAND VOLLEYBALL COURT

FEE: \$25/PERSON



FOR BOYS & GIRLS AGES 10 -14 (9 YR OLDS WITH VOLLEYBALL EXPERIENCE ARE WELCOME)

REGISTER AS AN INDIVIDUAL OR A TEAM (INDIVIDUALS WILL BE PLACED ON A TEAM)

MAXIMUM PER TEAM IS 6 / MINIMUM PER TEAM IS 4

REGISTRATION DEADLINE FRIDAY, MAY 26, 2017

CUT AND RETURN BOTTOM SECTION WITH FEE TO FRIDAY NIGHT VOLLEYBALL OPEN GYM, 7:00 PM – 9:00 PM, AT WMS
OR THE CITY OF WICKLIFFE RECREATION DEPARTMENT, 28730 RIDGE RD WICKLIFFE 44092, MON-FRI, 8:00 AM – 4:30 PM

2017 YOUTH BEACH VOLLEYBALL LEAGUE REGISTRATION FORM

CHILD'S NAME _____

DATE OF BIRTH ____/____/____ AGE ____ (CIRCLE) MALE FEMALE

PARENT/GUARDIAN _____ PHONE # _____

PARENT/GUARDIAN _____ PHONE # _____

CAN YOU BE REACHED BY TEXT? (CIRCLE) YES NO IF YES, TEXT# _____

E-MAIL ADDRESS _____

CHILD'S SHIRT SIZE (CIRCLE) YOUTH MD YOUTH LG ADULT SM ADULT MD ADULT LG ADULT XL

LIST ANY CRITICAL MEDICAL INFORMATION CONCERNING THIS CHILD: _____

I AM REGISTERING AS AN INDIVIDUAL AND WOULD LIKE TO BE PLACED ON A TEAM

I AM REGISTERING AS A MEMBER OF A TEAM TEAM NAME _____

LIST TEAM MEMBERS:

(1) _____ (5) _____

(2) _____ (6) _____

(3) _____

(4) _____

I, the undersigned, am the parent or legal guardian of this child. I understand that my child's involvement in this program carries the potential risk of injury. I hereby assume full and complete responsibility for any accidental injury that may occur to my child as a result of participation in this program. I hereby release from liability and waive and relinquish any and all claims, demands, and/or causes of action whatsoever against The City of Wickliffe and any and all personnel/volunteers associated with this program.

PARENT/GUARDIAN SIGNATURE

DATE