

ERC 5th-6th Grade Volleyball Registration Form

This league focuses on fundamental skills, fun, and participations and social interaction through practice and organized games.

(All youth must play in the appropriate age/grade division. Requests to be moved to another division will only be granted by the Superintendent's approval).

REGISTRATION DEADLINE: August 21, 2019

Fee: \$40.00 (If player needs an ERC Jersey) \$20.00 (If player does not need a Jersey)

Practice & Game Times: Practices are scheduled through the coaches and by court availability. Practices begin as soon as the teams are formed. Games are held on Saturdays. Games are played in surrounding communities.

Equipment: Each youth is responsible for providing her own kneepads to play. Kneepads are required to play. Participants should wear non-marking athletic-soled shoes.

This league may have to be altered depending upon registration.

Don't Forget: You can register online!



REGISTRATION DEADLINE AUGUST 21, 2019

Print Child's Name: _____ Phone: _____

Address: _____ City: _____

Age: _____ Date of Birth: _____ Grade: _____
(as of September 1, 2018)

Do you already have a jersey? Yes No - Current Jersey # _____ OR Jersey # request: _____

Jersey Size: **Circle** – Youth: S M L Adult: S M L XL -----Don't have a jersey? Request number above!

Print Father's Name _____ Wk# _____

Print Mother's Name _____ Wk# _____

Emergency contact: please list someone other than parent/legal guardian who can be contacted in case of emergency.

Name _____ Home phone _____ Wk # _____

Relationship to participant _____ List any medical conditions if any: _____

CONSENT FOR EMERGENCY MEDICAL AND DENTAL CARE: I appoint the ERC staff, instructors, and volunteers as my agent and representative for the purpose of authorization of emergency medical and dental treatment deemed necessary by duly credentialed physician, dentist, or health care provider. My consent authorizes ambulance service, admission to a hospital, examination (to include X-rays), anesthesia, the use of drugs and medication, and necessary surgery recommended by such medical personnel for the purpose of saving life or to reduce further injury and harm. I acknowledge that payment of such medical treatment is my obligation and that such treatment will be sought only in the event of an emergency. **WAIVER RELEASE STATEMENT:** As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including loss of life, damages or loss which I may sustain as a result of participation in any and all activities connected with or associated with such program. I further agree to waive and relinquish all claims, full release and discharge and agree to indemnify and hold harmless and defend the ERC and its officers, agents, servants, and employees from any and all claims resulting from injuries, including loss of life, damages, and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program. The undersigned and participant authorize the ERC to use at its discretion any photograph(s) taken of the participant while participating in any activity and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof. **I, the Parent/Legal Guardian** of the above named participant have read and understand the "Consent for Emergency Medical and Dental Care" and the "Waiver Release Statement." I agree to abide by all policies and guidelines set forth by the ERC regarding this program.

Signature of parent/guardian: _____

E-mail address of parent/guardian: _____
(This will be used to e-mail upcoming ERC events.)

Without volunteer coaches we cannot have teams. Please consider coaching!

I am willing to be a Volunteer Coach
Yes or No

Name: _____

Phone: _____



Please Return Form to: Ellis Recreation Commission, 1204 Washington Ellis, Ks 67637
Phone: (785) 726-3718 OR the Drop Boxes located in the Schools.

FOR OFFICE USE ONLY: Pd _____ SCH _____ W _____ Date _____

Cash Check Credit _____ Amt. \$ _____ Name: _____

Volleyball 2019