

CITY OF ALAMO
 PARKS & RECREATION DEPARTMENT
 2019 OFFICIAL GIRLS VOLLEYBALL LEAGUE REGISTRATION FORM



For office use only

Date _____

Amount _____

Cash/Check # _____

Receipt # _____

Staff _____

Participant's Name: _____ D.O.B. _____ Grade _____ M/F _____

Parent or Guardian's Name: _____ Phone _____

Mailing Address: _____ City _____

Volleyball League Fee: \$ 30.00 (Checks Payable to City of Alamo) T-Shirt Size: _____

Attending School _____ Youth Small 6-8 Medium 10-12 Large 14-16
 Adult Small - Medium - Large - X Large

I, parent, adult participant, or guardian of the above named, fully understand that participating in the Alamo Recreation program may result in a serious injury or illness. Risks involved may include twisting an ankle, pulled muscles, jammed fingers, and more serious injuries in which may result from participating in any of the above mentioned programs. Although I fully understand the risks, I desire to participate without regard to consequences. I assume all risks and hazards incidental to such participation, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Alamo, and any other individuals, firm or organization resulting in whole, part, from participation in the Alamo Recreation Program, or the acts or omissions by any organization, firm, or individuals that may take place in connection with the Alamo Recreation Program. This waiver shall be binding on my heirs, legatees, administrators and assigns. Furthermore, I hereby grant full permission to any and all of the forging to use any photographs, video tapes, motion pictures, recordings or any other records of this event for any legitimate purpose.

I also grant permission to managing personnel or other representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should a participant become ill or injured while participating in any activities away from home, or at any other moment when either parent is unavailable to grant for emergency treatment.

X _____
 Signature (if under 18 yrs of age parent or guardian's signature) _____ Date _____

Phone number in the event of an emergency _____

_____ I would like to help and volunteer as a coach or as an assistant coach.