



LONGWOOD YOUTH SPORTS ASSOCIATION VOLLEYBALL REGISTRATION FORM

GIRLS Volleyball

REGISTRANT INFORMATION

NAME _____
ADDRESS _____
CITY/TOWN _____ ZIP _____

UNIFORM SIZE: (CIRCLE ONE)
YS YM YL AS AM AL AXL

GRADE ____ D.O.B. ____ / ____ / ____
TELEPHONE # _____

DID YOU PLAY FOR LYSA GIRLS VOLLEYBALL LAST SEASON? YES NO

IF YES, WHAT TEAM? _____

PARENT / GUARDIAN INFORMATION

NAME _____ PARENT OR GUARDIAN
ADDRESS _____ TELEPHONE # _____
CITY/TOWN _____ CELL PHONE # _____
ZIP CODE _____ E-MAIL _____

EMERGENCY CONTACT _____ TELEPHONE # _____

VOLUNTEER INFORMATION: PLEASE SELECT ONE OR MORE OF THE OPTIONS BELOW

- HEAD COACH** – IN CHARGE OF TEAM, WORKS WITH COMISSIONER TO INSTRUCT PLAYERS (*Experience Preferred*)
- ASST. COACH** – ASSISTS HEAD COACH/COMISSIONER WITH LEAGUE DUTIES AND THE INSTRUCTION OF PLAYERS

**** \$20 OFF REGISTRATION FEE FOR A CHILD WHOSE PARENT OR GUARDIAN VOLUNTEERS AS A COACH/ASSISTANT COACH FOR THE FULL SEASON ****
(ALL VOLUNTEERS MUST FILL OUT THE ONLINE BACKGROUND CHECK AND AGREE TO ALL TERMS & CONDITIONS)

OFFICIAL LEAGUE USE ONLY

DISCOUNT _____ GRADE _____ REG. DATE _____
REGISTRATION & INS. FEE: **\$95 PER PLAYER** FEE PAID _____ CASH or CHK# _____
ON REMIND? CIRCLE ONE: (Y / N) TEAM NAME _____ REGISTRATION # _____

REGISTRATION & INSURANCE FEES ARE NON-REFUNDABLE

I/We, the Parents/Guardians of the above named child, hereby give our consent for participation in the above activity and do claim that he/she is in excellent physical condition to participate in said activity. Furthermore, I/We, the Parent s/Guardians of the above named candidate for a position on a league team hereby give my/our approval to his/her participation in all league activities during the current season. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities: and I/We do hereby Waive, Release, Absolve, Indemnify and Agree to hold harmless the Longwood Youth Sports Association Inc., the Organizers, Sponsors, Supervisors, Participants and Persons Transporting my/our son/daughter to and from activities, for any claim arising out of injury to my/our son/daughter, except to the extent and in the amount covered by Accident or Liability Insurance.
ALL CHILDREN (NON-PARTICIPANTS) MUST BE ACCOMPANIED AND SUPERVISED BY AN ADULT AT ALL TIMES!

I acknowledge that I Received, Read and Agree to Abide by the LYSA Volleyball Code of Conduct.

PRINT PARENT (S) +/-OR GUARDIAN (S) NAME (S) _____
SIGNATURE OF PARENT (S) +/-OR GUARDIAN (S) _____ **DATE** _____