



# RIVER FALLS VOLLEYBALL – SPRING LEAGUE - 2012

(League play begins in March and ends May 19<sup>th</sup>)

Registration Form Grades 4-8

Name: \_\_\_\_\_  
Last First Middle Initial

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: 4 5 6 7 8

Address: \_\_\_\_\_  
Number & Street City State/Zip

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_  
Number & Street City State/Zip

Email: \_\_\_\_\_

**All families are expected to help at the tournaments working concessions, admissions, or in various other areas. Also, we need volunteers in the following areas. Please consider one of the following:**

- Parent Coach \*\*\*
- Jersey order help
- Tournament committee
- Position on Board
- Web Design
- Other: \_\_\_\_\_

**\*\*\* We are in need of volunteers for Parent Coach. Without a sufficient number of volunteer coaches we may not be able to register all teams)**

Jersey Size: (circle one) **Adult or Youth** (circle one) Small Medium Large Extra-Large

Spandex: (circle one) Small Medium Large NOTE: Players are responsible for purchasing kneepads

Registration Fee: \$ 95.00  
Includes Jersey T-shirt  
and spandex shorts (4")

**Make checks payable to: River Falls Volleyball Club and return completed forms with fees to River Falls Park & Rec., City Hall, 222 Lewis St, Suite 221, River Falls, WI, 54022**  
(Deadline – February 28, 2012 to Parks n Rec)

I, the parent/legal guardian of the registrant, a minor, agree that the registrant and I recognize the possibility of physical injury associated with volleyball, and in consideration of the River Falls Volleyball Club accepting the registrant for its volleyball program, I hereby release, discharge, and/or otherwise indemnify River Falls Youth Volleyball, including the sponsors, their employees and associated personnel, including the owners of the facilities utilized for the program, against any claim by, or on behalf of, the registrant as a result of the registrant's participation in the program.

\_\_\_\_\_  
Parent/Legal Guardian (printed) Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian (Signature)

**\*\*If you have questions please e-mail [rfvolleyballclub@gmail.com](mailto:rfvolleyballclub@gmail.com)**