



RIVER FALLS VOLLEYBALL – SPRING SEASON – 2012

(April 8th - May 19th)

Registration Form Grades K-3

Name: _____
Last First Middle Initial

Date of Birth: _____ Age: _____ Grade: **K 1 2 3**

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: _____

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

Registration Fee: \$ 30.00
Includes Jersey T-shirt
and Lite volleyball

**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**