

**SODA SPRINGS PARKS AND RECREATION DEPARTMENT**

**Volleyball Registration Form**

*Registration ends Friday, September 2<sup>th</sup>, 2016*

**(Please Circle One)**

**Minors**  
3<sup>rd</sup> – 4<sup>th</sup> grade

**Majors**  
5<sup>th</sup> – 6<sup>th</sup> Grade

**We do not accept requests to play on other individuals teams** with the exception of siblings. The cost is \$30 per participant in city and \$35 outside of city, payable to the City of Soda Springs. Games will be Saturday day.

**PARTICIPANT'S NAME:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

Circle one: Youth Adult

**AGE:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **Shirt Size: S M L**

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email (Required): \_\_\_\_\_ Health Insurance: Yes or No

Any Medical Problems? \_\_\_\_\_

In order to have success, **the league is in need of coaches and sponsors**. Your help is what makes the difference to our kids. I am willing to help with the following program (please circle all that apply):

**Volleyball: Coach** \_\_\_\_\_ **Sponsor (\$100)** \_\_\_\_\_ **Gym Supervision** \_\_\_\_\_

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Soda Springs Recreation Department, its affiliated organizations and sponsors. I understand that the City of Soda Springs does not provide medical insurance of any kind for the participant. Recognizing the possibility of physical injury associated with the above activities, I hereby release, discharge, and/or otherwise indemnify the city of Soda Springs, its affiliated organizations and sponsors, their employees and associated personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program.

**CONSENT FOR MEDICAL TREATMENT (MINOR):** As the parent or legal guardian of the above - mentioned minor, I hereby give my consent for emergency medical care prescribed by a licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life or well being of my dependent.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**DATE:** \_\_\_\_\_ **AMOUNT PAID:** \_\_\_\_\_ **CASH** \_\_\_\_\_ **CHECK** \_\_\_\_\_ **CC** \_\_\_\_\_

Parent/Guardian Sportsmanship Agreement

I \_\_\_\_\_ understand that sportsmanship is an important part of the game and I will be a good sport as to teach my child sportsmanship through my own example. I will remember that this is for the children and the main purpose of recreational activities is that it is fun for everyone. I will be positive and use only encouraging words for my child and their teammates. I understand that these are recreational sports and that the referees and scorekeepers, are not professional, and mistakes will be made. I will show respect to the referees and scorekeepers and refrain from criticizing them and will contain my anger no matter how unfair a decision may seem. I will show respect to the coaches and other volunteers and recognize their importance in the program. I will excuse myself from the playing area and the players if I feel it necessary to smoke or drink.

I understand that if my behavior is deemed inappropriate I will be asked to leave the playing area. If I do not comply with the request I understand that the game could be called in favor of the opposing team. I also understand that if deemed necessary law enforcement will be called.

Parent/guardian signature \_\_\_\_\_ Date: \_\_\_\_\_