2017 Montpelier Girls Volleyball

3rd-4th ☐ 5th-6th ☐

Cost $30.00 Deadline: August 15, 2017
(There will be a $5.00 late fee after this date)

Return Form to Montpelier City Hall with payment or mail to:
534 Washington Montpelier, ID 83254
Call or text Kim Bateman @ 208-221-3568
with questions.

Name_____ _____ Sex_____ Grade_____
FIRST LAST

Shirt Size: Youth Small___ Youth Medium___ Youth Large___ Adult Small____ Adult Medium___ Other____
(Provided)

Mother/Guardian_____Address_____

_____ _____ _____
City, State, Zip Home # Cell #

Father/Guardian_____ Address_____
(if different from above)

_____ _____ _____
City, State, Zip Home # Cell #

Can you receive text messages: Yes___ No___ Email Address: _____

Parents: I am willing to: ___Coach Help in other ways _____

I(we) the parents and/or guardians of the above named candidate for a position on a league team, hereby give my(our) approval to participate in any/all league activities. I(we) assume all risk 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 local league, the chartering organization, the organizers, sponsors, participants and persons transporting my(our) child to and from activities; for any claim arising out of any injury to my(our) child, whether the result of negligence or from any other cause.

I(we) agree to return any equipment issued to my(our) child in as good a condition as when issued except for normal wear and tear. If equipment is not returned a fee of $50.00 will be charged.

Signature Parent/Guardian_____Date_____

Signature Parent/Guardian_____Date_____

Official Use Only

Amount Paid_____ Date_____ Check #_____ Cash_____