

Smithsburg Youth Athletics

Fall 2010 Elementary (4th/5th) Volleyball Registration

Player's Last Name: _____

Player's First Name: _____

Street Address: _____

City: _____ State: _____

Zip: _____

Home Phone: _____ Family Email Address: _____

Birth Date: _____ Grade (Fall 2010): _____

T-Shirt Size:

Youth-M ___ Youth-L ___ Adult-S ___ Adult-M ___ Adult-L ___ Adult-XL ___

Mother's Name: _____

Work/Cell Phone Number: _____

Father's Name: _____

Work/Cell Phone Number: _____

Emergency Contact: _____

Phone Number: _____

Insurance Company: _____

Policy Number: _____

Child's Medical Conditions: _____

Volunteer Interest: _____ **Sponsorship** _____ **Assist. Coach**

Registration Costs: **\$20.00** (Any child enrolled in the Free & Reduced Lunch Plan can receive a scholarship and their registration fee will be waived.)

Please make check payable to: **SYA**

Mail to: Smithsburg Youth Athletics (SYA)

P. O. Box 21

Smithsburg, MD 21783

Visit us @ smithsburgyouthathletics.org Phone Number: 301-824-7707

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Liability Release Statement: I hereby grant permission for the above named child to participate in the Smithsburg Youth Volleyball League during the 2009 season. I accept full responsibility for their conduct, behavior and release SYA, coaches and officials of any responsibility for accident or injury. I further grant permission for emergency first aid to be administered, and if deemed necessary, I grant permission for said youth to be transported to an emergency room, and authorize medical staff to provide treatment.

Signature: _____ **Date:** _____