

# Smithsburg Youth Athletics

## Fall 2010 Middle School 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: **\$30.00** (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](http://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:** \_\_\_\_\_