

Smithsburg Youth Athletics

Fall 2008 Elementary (4th/5th) Volleyball Registration

Participant's Last Name:							
Participant's First Name:							
Date of Birth:				Grade (Fall 08):			
Street Address:							
City:				State:			Zip:
Home Phone:							
Family E-mail Address:							

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 @ www.smithsburgyouthathletics.org Phone Number: 301-824-7707

Liability Release Statement: I hereby grant permission for the above named child to participate in the Smithsburg Youth Volleyball Program during the 2008 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:** _____