**YOUTH VOLLEYBALL 2025**

3rd-6th Grade

Fee: $30 per child or $55 for two children

Due: 8/18/25

Practices will start at the end of August. All practices and games will be played at WCCC, Monday and Thursday evenings. All players **MUST** register by August 18th to receive a t-shirt**. Make Checks payable to Worland Rec.**

\*Any questions? Call Emily Johnston- 308-650-0749

T-Shirt Size: (Circle One) **Youth: S** M L **Adult:** S M L

Skill Level: (Circle One) Beginner Moderate Advanced Travel

Players Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade for fall:\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is a text ok? Yes No

Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Player’s name) recognize the possibility of physical injury associated with volleyball, hereby release the Worland Recreation District, its officers, league coaches, organizers, referees and all associated personnel against ANY claim by or for the registrant as a result of the registrant’s participation in the program.

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We Need Coaches!!! (If selected as a coach, your registration fee will be refunded.)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am willing to coach my child’s team. T-shirt Size: \_\_\_\_\_\_\_