



Anson County Parks and Recreation
YOUTH VOLLEYBALL

Child's Name _____ M / F
Parent's Name _____ Phone # _____
Child's Address _____ Email _____
Child's Present Age _____ School _____ School Grade _____
Date of Birth (Month / Day / Year) _____

Does your child presently take any medication or have any type of physical conditions that our staff and coaches should be aware of?

If so, list condition or medications.

Participant's Shirt Size: (Circle One) Participant's Pants Size _____

Parent Initials _____ I certify that this is the correct shirt size for my child.

Youth M Youth L Adult S Adult M Adult L Adult XL
(10-12) (14-16) (34-36) (38-40) (42-44) (46-48)

Permission and Release Statement:

(NAME OF CHILD) _____ has my permission to play in the Anson County Parks and Recreation Athletics Program. I hereby for myself and my child fully understand that participation in this activity could result in accidental injury including but not limited to tripping, twisting of ankle/knee joints, abrasion's and bruises; or possible disablement or death. I also understand that participation in Athletics requires that he/she be in good physical health, and I fully accept full responsibility for his/her physical condition. I fully accept responsibility for all medical insurance for any injury, possible disablement or death.

Being fully aware of the degree of risk involved, I choose to allow the aforementioned child to participate in the Anson County parks and Recreation Athletics program. I also hereby release my child for medical treatment by a licensed, qualified physician should he/she become ill or injured in my absence during this program.

PARENT SIGNATURE _____ DATE _____

WITNESS: _____ DATE _____

Program
Youth Volleyball

Registration Fee
\$25.00