

# Scottsboro Youth Volleyball

## Registration

2018

Scottsboro volleyball league goal is to teach the fundamental skills of volleyball and instill a love for the game. All 3<sup>rd</sup> - 8<sup>th</sup> grade girls are invited to join. Each team will have opportunity to practice or play twice a week (Primarily Tuesday evenings and Saturday Mornings with some Thursdays possible.) There may also be opportunities to participate in round robin play dates at other locations nearby.

Players will be grouped into 3<sup>rd</sup> - 5<sup>th</sup> grade and 6<sup>th</sup> - 8<sup>th</sup>.

I (we) will not hold the Scottsboro Parks and Recreation Department, its associates or the City of Scottsboro responsible for any injury that may occur. I (we) understand that if the option to play one age group higher is chosen, that child will have to remain with that age group for entire season. \_\_\_\_\_ (initial)

### Complete Registration at front desk

FEE is \$45.00

For more info call 256.912.0556 or email [rflanning@scottsboro.org](mailto:rflanning@scottsboro.org)

## Registration will end Jan. 21, 2018

Skills Clinic/Draft Sat. Jan. 27, 11am @ Rec Com

Late Registration Fee is \$55.00 (Jan 22-27<sup>th</sup>)

School \_\_\_\_\_ Check# or Cash \_\_\_\_\_  
Grade \_\_\_\_\_ Amt: \_\_\_\_\_  
Date: \_\_\_\_\_

### Scottsboro Youth Volleyball 2018

Name (full): \_\_\_\_\_

Called name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Grade in School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Purchase Insurance (\$10) \_\_\_\_\_

Mother \_\_\_\_\_ cell# \_\_\_\_\_

email \_\_\_\_\_

Father \_\_\_\_\_ cell# \_\_\_\_\_

email \_\_\_\_\_

Shirt Size: YS YM YL AS AM AL AXL

Parent/Guardian Signature \_\_\_\_\_