DOB:

## YOUTH VOLLEYBALL REGISTRATION FORM

Office: (414) 766-7920 Fax: (414) 766-7942

PLEASE PRINT CLEARLY – Select one	
☐ MINOR LEAGUE Grades 3&4	Activity/Section #154101 A1
☐ MAJOR LEAGUE Grades 5-7	Activity/Section #154201 A1
PARTICIPANT:	
PARTICIPANT:First Name	Last Name
ADDRESS:	CITY:ZIP
ar creek resident a lives within oak creek i	Talikili School District
☐ Male ☐ Female 2020-2021 GRADE:	BIRTHDATE □ Mom's □ Dad's
PHONE: Home ☐ Mom's ☐ Dad	l's Work □ Mom's □ Dad's
Cell □ Mom's □ Da	d's Parent/Guardian e-mail:
Special Information: (ie: medical, physical, allergies)	
*If this is the first time registering this year, Don't forget proof of residency (driver's license, mailing label, copy of utility bill, etc.) for family and any child whose name is different than the parent/guardian and proof of date of birth.  *EMERGENCY CONTACT:*  NAME: Phone# Relationship:	
T-SHIRT ORDER FORM (required) Please order large enough to fit a sweatshirt underneath.  Check One:  YS (6-8) YM (10-12) YL (14-16) AS (34-36) AM (38-40) AL (42-44)AXL (46)  We, the parents/legal guardians of above-named child give our permission to participate in the YOUTH VOLLEYBALL PROGRAM	
sponsored by the Recreation Department of Oak Creek, Wisconsin. We understand that the Department does not assume liability for payment of medical/hospital expenses which may be incurred by our child while participating in this activity; but said liability will be assumed by us for the duration of this activity. Further, it is understood that the School District in which these activities may be conducted does not assume liability for payment of medical/hospital expenses incurred in the activity sponsored by the Department of Parks, Recreation & Forestry of this City. Parents/legal guardians who do not have medical/hospital coverage are encouraged to purchase this coverage at a nominal fee from their own insurance agent for the duration of the activity.  SIGNATURE-PARENT/LEGAL GUARDIAN:  SIGNATURE-PARENT/LEGAL GUARDIAN:	
PRINT NAME-PARENT/LEGAL GUARDIAN:	
Charge orders only-Please print clearly:	
□ VISA □ MASTERCARD	Code
	neck # DATE: INITIALS: Need Have

Res/Sch Dist \_\_\_\_\_

Chld Res.