

2020 Youth Volleyball

REGISTER BY: August 12, 2020

SEASON: Week of Sept. 5, 2020

FEE: \$42.40 (includes tax & a t-shirt)

DIVISIONS offered: 2nd/3rd & 4th/5th & 6th/7th Grades



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REGISTRATION INFORMATION

- Play will be on Wednesdays, Thursdays & Saturdays
- This packet includes waivers, which must be signed by each participant's parent or legal guardian.
- Rosters must be accompanied by all payments and waivers when turned in. Please **DO NOT** instruct your players to come in separately.
- If you need additional players call the Recreation Center at (208)612-8580.

Youth Volleyball Youth Team Roster

Team Name/School:	
Grade/Division:	
Coach Name:	Phone # texting:
Address:	
E-mail: (print clearly)	

	Paid	Name	Address	Phone #	Shirt Size
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Youth Volleyball Shirt Order Form

Team

Name/School: _____

Grade/Division: _____

Coach

Name: _____

Phone #

Texting: _____

**E-mail: (print
clearly)** _____

Size	Quantity
Youth Small	
Youth Med	
Youth Large	
Adult Small	
Adult Med	
Adult Large	
Adult X Large	

Color	
1 st Choice	
2 nd Choice	
3 rd Choice	

Team Name ***

1 st Choice	
2 nd Choice	
3 rd Choice	

***** Name is on a First Come First Choice**



City of Idaho Falls Parks & Recreation
Release Form

Student Name: _____
Parent/Guardian Name: _____
Emergency Contact Number: _____
Student' allergies or significant medical conditions: _____

Authorization for Medical Treatment/Indemnification

I hereby authorize and give my consent to the City of Idaho Falls and its officers, agents and employees and any licensed physician to perform upon or administer to my child, as identified above, any reasonable and necessary medical, surgical or emergency treatment as necessary in their best judgment to stabilize his/her condition or to preserve life or limb. I further agree to pay for all necessary medical treatment as so authorized and to hold harmless and release the City and its' officers or agents from any obligation or responsibility with respect thereto. I further represent that such child has no condition, illness, disease, disability or other limitation that would pose any potential risk of bodily harm or injury to such child, or any other child, except as disclosed above. I further represent that such child has no allergy to any medication or other condition limiting the administration of drugs or medication, except as otherwise disclosed above.

I further agree to indemnify and hold harmless any officer, agent or employee of the City from any and all actions, causes of actions, suits, injury claims, or demands asserted by any third party, with respect to any act, omission, wrongful or unlawful conduct by my child during the course of his/her participation in program/activity.

This Agreement shall be binding upon the heirs, personal representatives, successors, and assigns of the undersigned.

As a parent or guardian of a participant in this recreation program/activity, I understand the inherent risks that are associated with all athletic & recreational activity. I do hereby waive any and all claims for personal injury which may occur while he/she is participating in this program/activity.

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DISCLAIMER AND RELEASE AGREEMENT

This release and authorization acknowledges that we may now, or at any time while you are employed, renting, or volunteering, conduct a verification of your motor vehicle records, and receive any criminal history record information pertaining to you that may be in the files of any federal, state, county, or local criminal justice agency and or other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment under employment policies. I hereby certify that the information provided by me for this purpose is true and complete to the best of my knowledge and understand that if I am accepted, **any false statements or omissions will be considered as cause for dismissal/removal.** I do hereby agree to forever release and discharges, employee and any of it's agents to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses or any other complaint filed with an agency arising from the retrieving and reporting information.

PLEASE COMPLETE THE BELOW - PLEASE PRINT NEATLY -

DEPARTMENT: _____

FIRST NAME: _____ FULL MIDDLE NAME: _____ LASTNAME: _____

MAIDEN NAME / FORMER MARRIED NAME(S) / ALIAS
NAME(S): _____

DRIVERS LICENSE #: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH: ____/____/____
(Only for driving positions) (Please Write Clearly & Neatly) (Please Write Clearly & Neatly)

List your addresses for the last 7 (seven) years. Include the dates from/to for each address. Please PRINT clearly.

CURRENT ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO

FELONY OR MISDEMEANORS: YES NO PLEASE EXPLAIN: 1. _____
2. _____
3. _____
4. _____

All arrests, charges, convictions and non-convictions need to be listed here. List location (county) of charge and date of charge. Please do not leave anything out and print clearly. It is important you understand this section completely.

Signature of Applicant: _____ Today's Date: _____

Home Telephone Number: _____

If Applicant is under 18, signature of parent or legal guardian

Signature of parent or legal guardian: _____