



# Girls Youth Volleyball

1<sup>st</sup> – 4<sup>th</sup> Grade

2017 Registration Form

## **Information:**

Lexington Park District is partnering with El Paso Parks and Recreation to offer girls youth volleyball. This is open to girls entering 1<sup>st</sup> grade – 4<sup>th</sup> grade beginning the 2017-2018 school year. Practice will begin in September. Practices will be in Lexington. Games will be held in El Paso on Saturday mornings with one or two on a Tuesday or Thursday evening in October/November.

## **Registration:**

Registration Fee: **\$39** payable to Lexington Park District. Deadline **August 25th**

## **Registration Sessions:**

- Thursday, August 24<sup>th</sup> 5:00 – 7:00 at the Lexington Community Center
- Forms may also be mailed or dropped off to (no later than August 25<sup>th</sup>):

Kecia Holiday  
208 Prairie Ridge Dr.  
Lexington, IL 61753

- Or, dropped off at city hall before August 25<sup>th</sup>.

## **Questions:**

If you have questions, please contact Kecia at [keciajholiday@gmail.com](mailto:keciajholiday@gmail.com) or 309-830-1505.

**Forms must be received no later than August 25th.**

**Player Information:**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

2017-18 Grade \_\_\_\_\_

Health Problems? \_\_\_\_\_

Shirt size (circle one) **Youth size:** YS YM YL YXL **Adult Size:** S M L XL

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**Parent Information:**

Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

**Interested in coaching (circle one): Yes No Best method to contact you? \_\_\_\_\_**

Parent coaches are essential to the success of our summer programs! Please help us make this summer fun and rewarding by helping your child's team.

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**Consent of Parent or Guardian**

I/We, the undersigned parent or legal guardian, do hereby verify the information in this registration form and consent to the participation of my/our child in this activity. I/We understand that neither the Lexington Park District nor any of its commissioners, officers, program directors, sponsors nor employees assume responsibility for any injury or damage to person or property resulting from an incident occurring during conduct of the Lexington Park District program including games, meets, practices, clinics and other related activities and events. In case of emergency, I/we hereby consent to medical treatment for my/our child and authorize any member of Lexington Park District to sign necessary papers and documents authorizing hospitals and physicians to proceed to render medical care.

I/We prefer \_\_\_\_\_ Hospital.

Child's Physician \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
Date