



Sports Registration Form

Fall Volleyball



Girl's Name _____ Date of Birth _____ Age _____
proof of age may be required

School _____ Grade _____ Home Phone _____

Address _____

City _____ State _____ Zip _____

Mother's Name _____ Cell Phone _____

Mother's Work Phone _____ Employer _____

Father's Name _____ Cell Phone _____

Father's Work Phone _____ Employer _____

EMAIL ADDRESS _____
(for periodic email updates from Girls Inc.)

Practices may be scheduled any day of the week, including **SUNDAY and WEDNESDAY**, please list day and time child cannot practice

Child's Uniform Shirt Size (youth sizes run small)

- | | | |
|---|--|---|
| <input type="checkbox"/> Youth Medium (10-12) | <input type="checkbox"/> Youth Large (14 - 16) | <input type="checkbox"/> Adult Small |
| <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult Large | <input type="checkbox"/> Adult X-Large |
| | | <input type="checkbox"/> Adult XX-Large |

Emergency Medical Information

Doctor: _____ Phone: _____

Preferred Hospital/Clinic: _____

Medical Conditions to note _____

In the event of an emergency and parents/guardian cannot be reached, please notify:

Name _____ Phone _____

Consent for Emergency Treatment

If available at the scene, I will, as the parent/guardian of the above named player, take full responsibility for emergency care as may be required for my child. In my absence, as the parent/guardian of the above named player, I hereby give consent for all emergency care provided for my child as may be given to preserve life, limb or wellbeing of above referenced child.

Parent/Guardian Signature _____ Date _____

Sports Fee Pd \$ _____ Date _____ Member Expire _____ Fee Pd \$ _____ Date _____