



## VOLLEYBALL REGISTRATION FORM

DATE \_\_\_\_\_ PAID BY: CHECK# \_\_\_\_\_ CASH \_\_\_\_\_ ID# \_\_\_\_\_  
(Please print or type) (EGRA use only)

NAME \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AGE: \_\_\_\_\_ MALE / FEMALE (circle one)

EMAIL: \_\_\_\_\_

TELEPHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_

LAST TEAM \_\_\_\_\_ TEAM ASSIGNED \_\_\_\_\_

RESIDENT OF: (PLEASE CIRCLE ONE)

CITY OF EMPORIA GREENSVILLE CO. OTHER \_\_\_\_\_  
(Specify)

### PERMISSION FORM (Please Read Before Signing)

By signing this permission form, my family and I pledge that we will observe GOOD SPORTSMANSHIP and may lose our right to participate if this rule is violated. I understand that a \$30 fee must accompany this application AND there are NO REFUNDS. I understand there is a \$25.00 returned check fee. I agree to pay the amount for which the check was written, in addition to the \$25.00 fee.

I also understand that there is no accident insurance, and I am solely responsible for any and all costs associated with accident and/or injury and release EGRA, YMCA, the City of Emporia and the County of Greenville from any and all liability in such a situation.

SIGNATURE: \_\_\_\_\_