PANTHER YOUTH VOLLEYBALL

2016 REGISTRATION FORM

www.SpringboroVolleyball.org

Developmental league for beginning and intermediate volleyball players grades 3rd-6th in the Springboro school district.

3rd & 4th grade Division Dates: WEDNESDAYS or THURSDAYS, March 16 – May 19
Location: Springboro Intermediate Gymnasium
Cost: $50 per participant (additional $10 if ordering knee pads)

Participant Name: _____ Date of Birth: _____
School: _____ Current Grade: _____
Allergies/special needs: _____

Emergency Contact (1st contact): _____ Phone: _____ Email: _____ ☐
Check to include in email notifications.
Emergency Contact (2nd contact): _____ Phone: _____ Email: _____ ☐
Check to include in email notifications.
Emergency Contact (optional): _____ Phone: _____ Email: _____ ☐
Check to include in email notifications.

Teammate request: _____ (up to 2 requests allowed but not guaranteed)

Shirt size (please circle): YS YM YL AS AM AL

☐ Registration fee only ($50)
☐ Registration fee + knee pads ($60) SIZE: ____ Youth ____ Adult
☐ I am interested in Volunteering as a PARENT helper -- _____
(name)

NOTE: Volunteering by parents is a very important part of making our program a success.

REGISTRATION DEADLINE: FEBRUARY 29, 2016

Registrations mailed to: Pam Coffin
c/o Springboro Athletic Department
1675 S. Main Street
Springboro, OH 45066

Checks payable to **Springboro Community Schools**.

Liability Release:

I, the undersigned, individually and as a parent/guardian of _____, a minor, ask that she be admitted to participate in the Panther Youth Volleyball Program. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless Panther Youth Volleyball, its officers and agents of and from all causes, liabilities, damages, claims or demands whatsoever on account of an injury or accident involving said minor arising out of the minor's attendance and participation at the Panther Youth Volleyball Program, or in the course of competition and/or activities held in connection with the Panther Youth Volleyball Program.

Parent/Guardian Signature _____ Date _____