



WICKLIFFE RECREATION DEPARTMENT
2019 YOUTH BEACH VOLLEYBALL LEAGUE



FRIDAYS, JUNE 7 – JULY 26

GAME TIMES WILL BE BETWEEN 6:00 PM AND 9:00 PM

SAND VOLLEYBALL COURT AT COULBY PARK OR JINDRA PARK

FEE: \$25/PERSON

FOR AGES 9 -14 (BLUE DIVISION AGES 9-11) (GOLD DIVISION AGES 12-14)
REGISTER AS AN INDIVIDUAL OR A TEAM (INDIVIDUALS WILL BE PLACED ON A TEAM)
MAXIMUM PER TEAM IS 6 / MINIMUM PER TEAM IS 4

REGISTRATION DEADLINE FRIDAY, MAY 31, 2019

CUT AND RETURN BOTTOM SECTION WITH FEE TO TODD CALIC AT WICKLIFFE REC VOLLEYBALL OPEN GYM OR
THE CITY OF WICKLIFFE RECREATION DEPARTMENT, 28730 RIDGE RD WICKLIFFE 44092, MON-FRI, 8:00 AM – 4:30 PM

2019 YOUTH BEACH VOLLEYBALL LEAGUE REGISTRATION

CHILD'S NAME _____

DATE OF BIRTH ____/____/____ AGE ____ (CIRCLE) MALE FEMALE

PARENT/GUARDIAN _____ PHONE # _____

PARENT/GUARDIAN _____ PHONE # _____

CAN YOU BE REACHED BY TEXT? (CIRCLE) YES NO IF YES, TEXT# _____

E-MAIL ADDRESS _____

CHILD'S SHIRT SIZE (CIRCLE) YOUTH MD YOUTH LG ADULT SM ADULT MD ADULT LG ADULT XL

LIST ANY CRITICAL MEDICAL INFORMATION CONCERNING THIS CHILD: _____

I AM REGISTERING AS AN INDIVIDUAL AND WOULD LIKE TO BE PLACED ON A TEAM

I AM REGISTERING AS A MEMBER OF A TEAM TEAM NAME _____

LIST TEAM MEMBERS:

(1) _____ (5) _____

(2) _____ (6) _____

(3) _____

(4) _____

I, the undersigned, am the parent or legal guardian of this child. I understand that my child's involvement in this program carries the potential risk of injury. I hereby assume full and complete responsibility for any accidental injury that may occur to my child as a result of participation in this program. I hereby release from liability and waive and relinquish any and all claims, demands, and/or causes of action whatsoever against The City of Wickliffe and any and all personnel/volunteers associated with this program.

PARENT/GUARDIAN SIGNATURE

DATE

OFFICE USE ONLY

FEE \$ _____ CASH CHECK# _____ RECEIVED BY _____ DATE _____