

\$50.00 per child **VOLLEYBALL** \$50.00 per child

****FORM DUE AUGUST 22, 2018 ****

_____ 10 under Must be 10 and under by September 1, 2018

_____ 12 under Must be 12 and under by September 1, 2018

Child's name _____ Date of Birth _____

Age _____ Teacher _____

Name of siblings also participating in Volleyball _____

Please list Name/Guardian

Please list in order of contact for coaches to reach you.

1 _____ Contact number# _____

2 _____ Contact number# _____

3 _____ Contact number# _____

4 _____ Contact number# _____

ARE YOU INTERESTED IN COACHING? Yes No

DAYS OF PRACTICE: (COACH WILL MAKE FINAL DECISION) MON TUES WED THUR FRI
TIMES OF PRACTICE: (COACH WILL MAKE FINAL DECISION) 5:00PM 5:30PM 6:00PM

UNIFORM SIZE:

Shirt: YS YM YL AS AM AL

SPORTS UNIFORM STATEMENT OF RESPONSIBILITY

I understand that my child has signed out a uniform from FMS and we, the parents/guardians, are responsible for the care and condition of this uniform. If the uniform is not returned or is returned in unacceptable conditions, the following action(s) may be taken:

1. The athlete's parents/guardians will be billed for the uniform.
2. The student will not be allowed to participate in any other sports until the uniform is returned or paid for.

I _____, understand my child's responsibility for the uniform being loaned to my child and the consequences for its condition and timely return.

Parent's Signature: _____ Date: _____

Payments/Refunds

Players fee to be paid at time of sign-ups.

Refunds will be made to participants who drop PRIOR to team Registrations.

Parent's Signature: _____ Date: _____

Official use only Amount Paid by \$ _____ CHECK # _____ CASH \$ _____ RECEIPT #: _____