

# PCPR (VOLLEYBALL GRADES 3 THRU 6) PLAYER REGISTRATION FORM

Last Name:	First Name:	D.O.B.:	Age:	Sex M <input type="checkbox"/> \ F <input type="checkbox"/>
Address:		City:	Zip:	Grade:
Medical Ins. Co.:	Policy #:		E-Mail:	

If you want brother or sister on same team, enter siblings' name: \_\_\_\_\_

## PARENT GUARDIAN INFORMATION

Father (Name):	Home Phone:	Pgr./Cell:
Mother (Name):	Home Phone:	Pgr./Cell:

**PLAYER HEALTH INFORMATION** - Does this child have any Handicap, Injuries, Disabilities, Allergies, Heart/Respiratory Condition or any other significant medical condition? \_\_\_\_\_

**HEALTH CONDITIONS:**

DOCTOR'S NAME:	PHONE #
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**EMERGENCY AUTHORIZATION:** The undersigned, parent or legal guardian of the participant, a minor, hereby authorizes the coaches, assistant coaches parents of team members, driver and directors of Platte City Parks and Rec. (PCPR), to act as my agent(s), to consent to medical, surgical or dental examination and / or treatment. In case of emergency and I cannot be reached, I hereby authorize treatment and/or care at any hospital and or medical facility. If there is an emergency and I cannot be reached, please contact: \_\_\_\_\_

CONTACT NAME:	PHONE #:	Pgr./Cell:
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**WAIVER OF LIABILITY AND DISCLAIMER:** I, the parent or guardian of the above named individual, acknowledge that participation in athletic events and/or a practice necessarily involves risks of physical injury. I further acknowledge that the programs of PCPR are primarily administered by parents who volunteer their time (who are not paid professionals). In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in it's programs, I hereby release, discharge, and hold harmless PCPR, it's volunteers, employees, and any other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in PCPR, sponsored events, including any physical injury caused by the negligence of any official, referee, volunteer, spectator, program personnel, or coach while performing his/her duties during any practices or games.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Acknowledgement and Consent:** I acknowledge that the above information is true and correct and that I have read the above and understand all the conditions hereto. I understand that the rules and regulations of, Platte City Parks and Rec. (PCPR), and/or any affiliation that PCPR is participating with, are available for inspection upon request. For both internal uses I acknowledge that PCPR may compile address and mailing labels and may utilize photographs of the above named individual. I consent to use and waive all rights compensation.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

I would like to help: Coach  Referee  Team Parent  Other \_\_\_\_\_

Shirt size for registrant: YS YM YL AS AM AL AXL

**Code of Conduct:** We have received and understand the code of conduct for Players and Parent / Guardian.

Signature of Player: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

You may sign up on Line starting 8/1/10 at "WWW.PLATTECITY.ORG" or  
 Drop by City Hall Mon - Fri between 8:00AM & 5:00PM  
 \*Cost\* \$35.00 Per Child  
 Registration Starts: August 23, 2010  
 Deadline date for registration: September 19, 2010  
**NOTE:** No registrations will be accepted after Sunday, September 19, 2010  
 Season Starts: October 12, 2010  
 Season Ends: November 17, 2010