



Narrows Parks & Recreation Department

2019 Volleyball Registration



Player Full Legal Name _____

Parent / Guardian Name _____

Address _____

Phone Number (____) ____ - ____ Email Address _____

Player Age as of 5/1/2019 _____ Grade for 2019-2020 _____

School _____ Previous team _____ Insurance Provider _____

Registration Fees: Town Resident \$20 | Outside Town Limits \$30 | Outside western district of Giles Co \$35

How do you prefer to be contacted? ____ Text ____ Call ____ Email

Interested in coaching? Yes ____ No ____

Parental/Guardian Consent

I give my consent and approval to the participation of the player named above to play the chosen sport. I will not hold the Town of Narrows, authorities, and coaches responsible in the event of accident or injury as a result of participation. I further agree, that as a parent/guardian I will conduct myself in a sportsmanship like manner and will not criticize the coaches, players, or officials. Any questions, concerns, or complaints about the program will be directed only to the Recreation Director. I also understand that failure to do this could result in the suspension of me or my child from the sport.

Signature of Parent/Guardian _____ Date _____

Photo Release

I give my permission for the Town of Narrows / Narrows Parks and Recreation Department to use my child's picture on their websites, social media outlets, and/or local newspapers.

____ Yes, I give my permission ____ No, I do not give my permission

Please make checks payable to the
Narrows Parks & Recreation Department

OFFICE USE ONLY

CASH ____ CHECK # _____

Amount Paid \$ _____

Received By _____