



JPRD Youth Volleyball Registration Form

Player's full name: _____ Male: _____ Female: _____

Age on Jan 1, 2024: _____ Birthdate: _____ Preferred Contact Method: Mail Text FB Message

Parents or Guardians: _____

Name as it appears on Facebook (for team messaging) _____

Day Time Number: _____ Evening Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Are there any medical conditions, allergies or any other pertinent information that may limit your child's participation in physical activities: Yes: _____ No: _____ If yes Explain: _____

Please check grade at which your child is currently enrolled:

_____ 1st _____ 2nd _____ 3rd _____ 4th

Shirt size (Circle One) : YS(4-6) YM(7-8) YL(10-12) YXL(14-16) AS AM AL AXL

Player number (If available) 1st Choice _____ 2nd Choice _____ 3rd Choice _____

Please initial each item below in agreement:

X _____ I understand leagues existence may take place only if required number of sign ups exist

X _____ I understand my child may be scheduled to practice or play on any evening Monday-Friday or anytime during the weekends

X _____ I understand my child will be placed in the age appropriate league (no playing up or playing down)

X _____ I understand that if my child decides to stop playing after the draft has taken place, I will not receive my money back after that point.

X _____ I understand there will be an admission fee for all spectators of \$1.00 each at any youth game.

Consent/Waiver Agreement: *I/we consent to our child participating in the Jackson Parks Recreation League. In participating of these events I hereby acknowledge that I/we understand that there are risks of accidents resulting in bodily harm arising out of those events. I/we understand that these activities are planned with the safety of the participants in mind. In case of emergency, accident or illness, if I/we are not present I/we hereby give permission for the coach, representatives or park staff to obtain any medical attention my child may need. I/we will notify the coach immediately of any physical limitations or impairments they may need to know about my child. I/we further acknowledge that my child has the physical ability to perform at full capacity and engage in the activity for which my child is now enrolled. I/we agree to be the party responsible for all medical expenses which are incurred on my behalf. It is understood and agreed that that the Town of Jackson, Mayor, Town Council, Boards, Employees, Volunteers, Umpires and any other agents shall be held harmless against all claims, damages, loss or expenses including attorney's fees arising out of or resulting from participation in these recreational programs. I/we agree any pictures taken may be used for future promotions for the Jackson Parks and Recreation Dept. The policy of JPRD is zero tolerance for abusive, disruptive or repetitive disrupting behavior. JPRD may levy punishments on players, spectators, officials, coaches or any other individuals involved in a confrontation. Warnings, expulsion, banning or suspensions may be given by the youth coordinator and park director after a confidential investigation. Park staff will welcome any comments in a closed setting to try to address any issues but zero tolerance is given in a public setting.*

I have read, agree and understand the above waiver/consent:

Sign: _____ Date: _____

Office Use Only

Cash: _____ Check# _____ Amount Paid: _____ Date Received: _____

Birth Certificate Received: _____ Birth Certificate on File: _____