



# Register Now until March 1!

Games are March 31-May 19th.

To register, cut at dotted line and return bottom portion with registration fee.

### Player Information

(Please Print Clearly.)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Birthday: \_\_\_\_\_  
Month / Day / Year

Age: \_\_\_\_\_ Experience: \_\_\_\_\_ (# seasons played)

Grade: \_\_\_\_\_ School: \_\_\_\_\_

### Guardian Information

Please circle the correct relation.

**Mother / Father / Guardian**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_

**Mother / Father / Guardian**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_

Please indicate the size jersey needed:

- Youth Small
- Youth Medium
- Youth Large
- Adult Small
- Adult Medium
- Adult Large

<b>Foundation Member:</b>	<b>\$30.00</b>
<b>Member:</b>	<b>\$40.00</b>
<b>Non-Member:</b>	<b>\$60.00</b>

*Please Indicate Form of Pay:*

Check # \_\_\_\_\_ / Cash / Credit

Registration Fee \_\_\_\_\_

Total Amount Paid \_\_\_\_\_

Date Paid \_\_\_\_\_

As a participant in the Youth Volleyball Program, I assume all risks of possible injury involved through participation in this program and agree to hold harmless PEARCE COMMUNITY CENTER, INC.

**Parent/Guardian Signature:** \_\_\_\_\_

If you are interested in volunteering as a coach, please mark the box. Also, please fill out all other information. Coaches will receive a 50% refund off their children's registration if selected. Coaches will be selected by experience and on the timing of when they registered.

Coach \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email: \_\_\_\_\_