



# HEARD COUNTY RECREATION GIRLS VOLLEYBALL REGISTRATION



Participant's Name: \_\_\_\_\_

**AGE CONTROL DATE: Age prior to September 1st**

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Email: \_\_\_\_\_

**Please list medical conditions we need to be aware of:** \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact (Other than parent)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Are you interested in coaching?** YES \_\_\_\_ NO \_\_\_\_ Head coach \_\_\_\_ Asst. Coach \_\_\_\_

**(This does not guarantee that you will be selected as a coach. You will need to fill out a coaches application consenting to have a background check.)**

**If you would like the participant to be placed up one age group, complete this "AGE OVERRIDE" section:**

Age Group: \_\_\_\_\_

Parent / Guardian Signature

Date

**JERSEY # REQUEST** \_\_\_\_/\_\_\_\_ (List two numbers- - Request cannot be guaranteed)  
**THIS IS YOUR RESPONSIBILITY- - IF YOU FAIL TO DO THIS, PLEASE DO NOT REQUEST A NUMBER AFTER UNIFORMS HAVE BEEN ORDERED!**

**\*\*Special Request:** As of Jan. 1, 2011, we will not be honoring special requests for transportation needs or to be with friends. **WE WILL NOT** honor requests for particular coaches. The **ONLY** requests that will be honored will be coach's children, family members and siblings. Please do not ask for special request to be made.

Date Paid: \_\_\_\_\_ Amount Due: **\$45.00** Amount Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Receipt # \_\_\_\_\_ Credit Card/Debit Card \_\_\_\_\_ On-Line \_\_\_\_\_

Received From: \_\_\_\_\_ Received by: \_\_\_\_\_