

T H I B O D A U X R E C R E A T I O N



V O L L E Y B A L L

OFFERED TO: Girls (7-9) (10-11) (12-14)

SEASON / CLINICS: March—April, 2020

TOURNAMENT: TBA

GAME LOCATION: Warren J. Harang Municipal Auditorium

REGISTRATION: January 6, 2020—February 7, 2020

In Person: Peltier Park Recreation Bldg.
8:00AM—Noon & 1:00PM—4:00PM

Mail-In: Mail Registration and Check/Money Order to:
City of Thibodaux—Parks & Rec Dept.
P.O. Box 5418
Thibodaux LA, 70302

Online: www.ci.thibodaux.la.us

FEE: \$30 / LATE FEE \$40

****Checks Payable to: City Of Thibodaux****

****For more information about registering your child, volunteer coaching, or if you are interested in sponsoring a team, please feel free to contact the City of Thibodaux Parks and Recreation Department at 985-446-7235**



REGISTRATION FORM

YOUTH GIRLS VOLLEYBALL

PLAYER INFORMATION: <input type="checkbox"/> FIRST TIME PARTICIPANT (check box if "YES".) <input type="checkbox"/> ADDRESS CHANGE (check box if "YES".)			
LAST NAME:	FIRST:	MIDDLE INITIAL:	
DATE OF BIRTH:	AGE (AS OF 4/30/20) :		
ADDRESS:	CITY:	ZIP:	
SHIRT SIZE:	YOUTH SIZES: <input type="checkbox"/> YXS (2-4) <input type="checkbox"/> YS (6-8) <input type="checkbox"/> YM (10-12) <input type="checkbox"/> YL (14-16)	ADULT SIZES: <input type="checkbox"/> AS (34-36) <input type="checkbox"/> AM (38-40) <input type="checkbox"/> AL (42-44) <input type="checkbox"/> AXL (46-48) <input type="checkbox"/> A2XL (50-52)	
LIST ANY MEDICAL PROBLEMS OF THE PLAYER:			
DOCTOR TO NOTIFY FOR EMERGENCY:		PHONE:	
PERSON TO NOTIFY FOR EMERGENCY:		PHONE:	

PARENT / GUARDIAN INFORMATION	
PARENT 1:	<input type="checkbox"/> I agree to receive text messages from the City of Thibodaux.
NAME:	
CELL:	() Service Provider
HOME:	<input type="checkbox"/> ()
WORK:	<input type="checkbox"/> ()
E-MAIL:	
PARENT 2:	<input type="checkbox"/> I agree to receive text messages from the City of Thibodaux.
NAME:	
CELL:	() Service Provider
HOME:	<input type="checkbox"/> ()
WORK:	<input type="checkbox"/> ()
E-MAIL:	

CODE OF CONDUCT
Code of conduct applies to everyone, including parents and spectators, who participates in any activity sponsored by the Recreation Department of the City of Thibodaux.
<ol style="list-style-type: none"> No alcoholic beverages or illegal drugs are permitted on the premises (buildings, playgrounds, parking lots, and on and near football fields). All participants -- players, parents, coaches, and sponsors -- should behave in a polite and sportsmanlike manner and respect the authoritative decision of an official. Abusive language and cursing is prohibited. No one shall hit another person before, during, or after activity. No one shall deliberately damage Recreation Department equipment. Any person violating any rule will be temporarily or permanently banned from all Recreation Department activities.

VOLUNTEER COACHING & SPONSORSHIP
WOULD YOU LIKE TO VOLUNTEER COACH? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION.
NAME: <input type="checkbox"/> HEAD COACH <input type="checkbox"/> ASSISTANT COACH
PHONE: () SHIRT SIZE:
COMMENTS: _____
IS THIS CHILD SPONSORED: <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION.
SPONSOR NAME:
SPONSOR CONTACT:
COMMENTS: _____

PARENTAL AUTHORIZATION
I, parent or guardian of the above-named candidate for a position in above-mentioned volleyball program, hereby give approval to his/her participation in any and all league activities during the current season to include practice prior to season and tournament participation after current season. I assume all risks and hazards incidental to such participation in activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent or local league organization, governing board, the organizers, sponsors, referees, supervisors and participants in such activities, for any claim arising out of an injury to the individual, except to the extent and in the amount covered by accident and/or liability insurance held by the local league.
I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medial clinic should the individual become ill or injured while participating in league activities away from home, or at any other times when neither parent is available to grant authorization for emergency treatment.
Signature of Parent or Guardian
Print or Type Name of Parent or Guardian
Relationship _____ Date ____/____/____

DUE TO A LARGE VOLUME OF REQUESTS, ONLY SPONSORS AND COACHES WILL HAVE THEIR CHILD/CHILDREN ON THEIR RESPECTIVE TEAMS.

PAYMENT DETAILS:	
PLEASE MAKE CHECK PAYABLE TO: CITY OF THIBODAUX	REGISTRATION FEE: \$30
MAIL PAYMENT TO: Parks and Recreation Dept P.O. Box 5418 Thibodaux, La 70302	LATE FEE \$40

TREC OFFICE USE ONLY: (Please do not write below this line).			
AMOUNT PAID: \$	CASH <input type="checkbox"/>	CHECK <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>
	No.	Type:	
INCODE	RECEIVED DATE		
ACTIVENET			