

KENESAW YOUTH SPORTS

Girls Volleyball

_____ 3rd or 4th Grade \$20
_____ 5th or 6th Grade \$20

Player's Name: _____

Birthday: _____ T-Shirt Size: _____

Parents Name: _____

Address: _____

Phone Numbers: _____

More information can also be found on the Kenesaw Youth Sports facebook page or at www.kenesawyouthsports.com

The purpose of the WARNING is to bring to your attention the existence of potential dangers associated with participation. Participation in any athletic activity may involve injury of some type. The severity of such injuries can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck, and spinal cord, even death.

I understand that even with the best coaching, the uses of the best protective equipment and under the strict observance of rules, injuries are still a possibility.

I hereby give my consent for the above child to participate in the Kenesaw Volley Program. I also agree not to hold the coaches, Kenesaw Volleyball Organization or anyone acting in its behalf, responsible for any injury occurring to the above named child in the course of such athletic activity.

Parent Signature

Date