

STANDARD REGISTRATION ENDS SEPTEMBER 9TH AT 5:00 P.M.

Standard Registration	AAPS District: \$99	Non-Resident: \$109
Late Registration	AAPS District: \$119	Non-Resident: \$129

ID#:

Does your registration contain a new address, phone number, or e-mail address? Yes No**PLAYER'S INFORMATION**Name _____
first lastAddress _____
street city state zipHome Phone: (_____) _____ Gender: Male Female

Date of Birth _____ / _____ / _____ 2019-20 Grade: _____

My child attends: an Ann Arbor Public School a charter or private school

Name of School: _____

Is your child a "school of choice" student? Yes No If yes, name of school _____Do you wish your child to play on a team from the Charter or Private school he/she is currently attending, if one is formed? Yes No**CHOOSE YOUR CHILD'S LEAGUE:**4701 4th Grade Coed
4707 5th Grade Coed
4703 6th Grade Coed
4705 7th/8th/9th Grade Coed**CHOOSE YOUR CHILD'S SHIRT SIZE:** Youth Small (6-8)
 Youth Medium (10-12)
 Youth Large (14-16)
 Adult Small (34-36)
 Adult Medium (38-40)
 Adult Large (42-44)
 Adult XL (46-48)
 Adult XXL (50-52)Do you want your child to "play up" a grade? Yes No

Special Requests: _____

Allergies or Medical Conditions: _____**PARENT/PAYER NAME** Check here if address is same as playerName _____
first lastAddress _____
street city state zip

Home Phone: (_____) _____ Date of Birth _____ / _____ / _____

Other Phone: (_____) _____ Gender: Male Female

E-Mail: _____

PAYMENT METHOD From Account: \$ _____ Scholarship #: _____
 Check # _____ Cash: \$ _____ Credit Card**ONLY COMPLETE IF PAYING BY CREDIT CARD**

Name on card: _____

 VISA MasterCard American Express CVV Code _____ Amount \$ _____

Card#: _____ - _____ - _____ - _____ Exp. Date: _____ / _____

Signature (required): _____

I agree to pay the amount listed above according to the card issuer's agreement and Youth Volleyball Refund Policy.

ACKNOWLEDGMENT OF WARNING AND ASSUMPTION OF PERSONAL RESPONSIBILITY

Each registrant's parent or guardian must sign this statement. Registrations without a parent's or guardian's signature on the line below will not be accepted and will be returned for signature.

I hereby acknowledge that Community Education and Recreation has warned me that my child, by participating in the Youth Volleyball Program, may be injured. Injuries might include, but are not limited to injuries to the eyes, nose and other parts of the face, contusions, sprains, fractures, ligament or cartilage damage which could result in partial, complete, temporary, or permanent impairment in the use of limbs. These and other injuries could also result in brain damage, paralysis, or even death.

Even though these injuries occur, I give my consent to my child, who is named on this form, to participate in the **Youth Volleyball Program**. I understand and accept that there is no Benefit Fund for participants in this program and agree to assume personal responsibility for any injuries that my child may suffer as a participant in this program. I also realize that there will not always be trained medical personnel on-site at the program's practices and games.**Parents Code of Ethics:** I promise to support the goals of the Rec & Ed Youth Volleyball Program, which include teaching youth to work together cooperatively and develop self-esteem and sports skills through game play, and, above all, to have fun. Furthermore, I understand that, as a spectator, if my conduct or language is deemed to be unsportsmanlike by the Recreation Department, I may be asked to leave the playing area in which my son's or daughter's games are being held.

I authorize Ann Arbor Rec & Ed to use photographs of my child or myself for educational and promotional purposes, including our website. I understand I will not be compensated for providing this authorization or the use of any photos for Rec & Ed purposes.

Parent or Guardian – Please Sign: Acknowledgment of Warning

X _____ Date _____

In accordance with the State of Michigan's concussion legislation, Rec&Ed is required to provide concussion education materials from the Michigan Dept of Community Health to parents and their participating child. This information is available here <http://bit.ly/recedconcussion>. Please sign below to acknowledge that you have received and read this important information. Your registration cannot be processed without signatures below.

Student-Athlete Name Signed _____ Date _____

Parent or Guardian Name Signed _____ Date _____

ADULT VOLUNTEER REGISTRATION FORMName _____
first lastAddress _____
street city state zip

Home Phone: (_____) _____

E-Mail Address: _____

I AM VOLUNTEERING AS A: (CHECK ALL THAT MAY APPLY) Head Coach Assistant Coach Team ParentI realize that I may or may not be assigned to any of the positions that I am volunteering for. However, if I am, I will follow the guidelines and policies of the **Youth Volleyball Program** as set forth by Community Education and Recreation.