

# CITY OF HIGH SPRINGS RECREATION



*Volleyball (girls 7 – 15)*  
*Soccer (co-ed 5 – 16)*  
*Flag Football (co-ed 4 - 10)*  
*Cheerleading for Flag Football (4 – 10)*

***SIGN UP FEE \$60.00***

## \$10 discount for EARLY registration (Early Registration ENDS on September 7<sup>th</sup>)

I/We the parent/guardian of the child listed below, hereby give my/our approval to participate in the High Springs Volleyball League. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities. I/We hereby waive, release, absolve, indemnify and agree to hold harmless the High Springs League, Recreation Division, the organizers, sponsors, supervisors, participants, and persons transporting my/our child/children, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We as a parent/guardian realize, that the **league is run by volunteers**, and I/We agree to volunteer to do our part in KEEPING THE FACILITY/GYM CLEAN. (No drinks or food is allowed in Gym.) I/We understand that my/our child's position on a team will not be guaranteed unless this form is signed **and birth certificate is handed in and fee is paid** by the sign-up deadline of September 12<sup>th</sup>. For further information, call JOHANNE BELL AT (386) 454-9620. [HSrec@windstream.net](mailto:HSrec@windstream.net) . **Players are NOT guaranteed a spot with a certain team or coach!**

### Application Fee \$60.00

(Please Print)

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DO YOU RESIDE INSIDE THE CITY LIMITS? Yes or No (PLEASE PRINT) GENDER: MALE OR FEMALE

SHIRT SIZE: YS YM YL AS AM AL AXL SHORT SIZE: YS YM YL AS AM AL AXL

I/We the parent/guardian of the above have read, understand this form and agree to comply with league rules and regulations. **Coaches will contact players when teams are formed & first practice is scheduled.**

NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_

(Please Print) Parent/Guardian *Early fee is \$50, ends 9/7/09*  
Last day to register is September 14<sup>th</sup>.

\*\*\*\*\*Please circle what you would be willing to help with.\*\*\*\*\*  
Field /Gym preparation Coach Scorekeeper Team Mom

DO NOT WRITE IN THIS AREA: \$ \_\_\_\_\_ PAID / DATE \_\_\_\_\_ Birth Cert. on file \_\_\_\_\_ league age \_\_\_\_\_

Put on Computer \_\_\_\_\_

