

**NORTH READING YOUTH VOLLEYBALL (NRYV)**  
**106 Haverhill Street**  
**North Reading, MA 01864**

**Registration and Release Form**

*Registration fee: \$60 per person*

PLAYER NAME \_\_\_\_\_ GRADE (Fall) \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ SCHOOL \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NUMBER FOR EMERGENCY CONTACT \_\_\_\_\_

Does the above player have any medical conditions that NRYV should be aware of? \_\_\_\_\_

Any Medications? \_\_\_\_\_ Allergies? \_\_\_\_\_

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***Volunteers wanted!** No experience needed, and FUN guaranteed! NRYV was established by parents for the benefit of their volleyball-hungry kids. It has been successful for 10+ years thanks to the enthusiastic participation of parents. Please consider helping out for 1 or 2 hours per week by checking a role below.*

TEAM COACH \_\_\_\_\_ ASSISTANT COACH \_\_\_\_\_

SPECIAL PROJECT/EVENTS \_\_\_\_\_ REFEREE \_\_\_\_\_

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**SHIRT SIZE:**

Youth medium \_\_\_ Youth large \_\_\_ Adult small \_\_\_ Adult medium \_\_\_ Adult large \_\_\_ Adult x-large \_\_\_

I, the undersigned parent our guardian of the above mentioned child, recognizing that participation in athletics may be dangerous even when all reasonable precautions are taken, do hereby consent to his/her enrollment in the North Reading Youth Volleyball program. I certify that the player is covered by a health insurance policy. I also agree that photographs of my child may be used to promote the North Reading Youth Volleyball program.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please complete and sign registration form and mail or drop off to the address above. Include the applicable registration fee payable to "NRYV"**

**Thank you.**