# 2015 CITY OF PARMA
# GIRLS VOLLEYBALL LEAGUE

**OPEN TO RESIDENTS OF PARMA, PARMA HEIGHTS, SEVEN HILLS**
**ENTERING GRADES 5 THROUGH 12**

( ) MIDDLE SCHOOL 5,6,7TH GRADE ( ) HIGH SCHOOL 8-9 GRADE

( ) HIGH SCHOOL 10,11,12TH GRADE

FIRST NAME_____ LAST NAME_____

ADDRESS_____ CITY_____ ZIP_____

E-MAIL:_____ PHONE (CELL):_____

PHONE (HOME):_____ BIRTHDATE_____

GRADE:_____ SCHOOL:_____

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PLEASE CIRCLE T-SHIRT SIZE:

ADULT: S M L XL XXL

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THE CITY OF PARMA RECREATION DEPT. STAFF NEEDS THE ASSISTANCE OF VOLUNTEERS. IF YOU ARE INTERESTED IN HELPING BY BEING A COACH PLEASE CHECK BELOW:

COACH: ☐ NAME: _____ PHONE #: _____

I/We hereby agree and promise to assume risk and responsibility for any and all injuries or damages due to injuries, suffered by the participant arising out of participation in activities involving said program, including but not limited to: classes, demonstrations, practices, or any other use of the premises, facilities, or equipment of the City of Parma Recreation Department, whether occurring on the premises of the City of Parma or at any other location.

I/We hereby release, indemnify and forever discharge and hold harmless the City of Parma, its employees, its directors, employees, students, agents and servants from any and all responsibility, liability, claims for personal injury, legal actions or suits, damages or losses of any kind or description, both at law or in equity, arising out of, or in any way connected with any of the above-mentioned acts and activities.

IN WITNESS WHEREOF, I/We have set my hand and seal to this document which I/We intend to be legally binding document, on the day and year below written and understand it fully.

**Be sure to notify your child's coach of any medical or other condition(s) they should be aware of.**

_____ _____
**Participant's Name** **Parent/Guardian Signature**

**FEE: $25.00**
**PLEASE MAKE CHECKS PAYABLE TO "PARMA RECREATION"**