VOLLEYBALL LEAGUE 2022

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 of 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.

I/We understand and consent that the City of Parma shall be allowed to take photographs, videos and/or write stories, of events related to the above-mentioned activity. The above-named participant may appear in said videos, photographs and stories and is not entitled to any other consideration besides being able to participate in said activity.

IN WITNESS WHEREOF, I/We have set may 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 conditions(s) they should be aware of.

_____ **Participant's Name**

_____ **Parent/Guardian Signature**

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