DEERFIELD COMMUNITY CENTER (DCC) GIRLS' VOLLEYBALL 2020

***** Registration Deadlines: Monday January 20th for 6th thru 8th grade traveling Volleyball League. Practice in February – Games every Sunday in March from 12:30 to 3:30 pm***

Please **Check One:**

____ Traveling **Girls** 6th Grade (Only 10 spots available) $50 **Due January 20, 2020**
____ Traveling **Girls** 7th Grade (Only 10 spots available) $50 **Due January 20, 2020**
____ Traveling **Girls** 8th Grade (Only 10 spots available) $50 **Due January 20, 2020**

Make Check Payable to DCC – P.O. Box 404 Deerfield WI 53531

Player's Name _____Grade ___ Age___ Birthdate:_____

Shirt size (Player Keeps) Youth S, M, L, or XL Adult – S, M, L, or XL

Volleyball Skill Level *(Please Circle One)*: **Beginner / Intermediate / Advanced**

Medical Information (Allergies, Asthma, etc.)_____

Parent/Guardian's Name #1 _____Cell:_____Email:_____

Parent/Guardian's Name #2 _____Cell:_____Email:_____

Volunteers needed (please circle one):

Coaching Asst. Coaching Referee Concessions Helper

Volunteer's name: _____

Please read and sign the following- **I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Deerfield Community Center (the "DCC") and DCC's sports policy, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with youth programs (the "Programs") and in consideration for the DCC accepting the registrant for its Programs and activities, I hereby release, discharge and/or otherwise indemnify the DCC, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.**

_____ _____ _____

Printed Name of Parent/Legal Guardian Signature Date

Youth Participant Under 19: Concussion Participation Requirements

As the Parent/Guardian of a youth participant, I agree that by signing this form that I have read the Concussion Information Sheet available at www.DCCenter.org In addition, I agree that if my child shows symptoms of a concussion or head injury that he/she is to be removed from the competition until such time that a healthcare professional can examine my child and provide written clearance to my child's coach for my player to return to play.

Parent/Guardian Signature Date