

Bath Charter Township Parks & Recreation YMCA Instructional Volleyball (grades 3-6)

\$10.00 - \$32.00

Registration: 3/1/2019 - 3/22/2019

Participant's Name _____ Age ____ Gender M F
 Address _____ City _____ Zip _____
 Home Phone _____ Parent Cell/Work Phone _____ Bath Resident? Y N
 Email Address _____ Grade 3 4 5 6

Would you like to be added to the Parent Email List? Yes No I am already on it.

For teams to have games at home, a parent must volunteer to be a Site Supervisor. If you would be interested in being a Site Supervisor, please write in your name _____.

BHS Volleyball Players are scheduled to act as coaches at practice and games. Each team will need a parent to assist the student coach. If interested please write in your name _____.

Important Emergency Care Permission

Please complete the Emergency Medical form on back.

To participate, you must read and sign below.

Release of Liability

In case of serious injury or illness, I hereby request that authorized personnel transport myself/child directly to the nearest hospital, or send by ambulance if needed, and I will assume all financial obligations. I hereby give my consent for the above participant/myself to engage in this activity, and understand the possibility of injury as a result of said activity.

In consideration of participation in this activity the undersigned intends to be legally bound for themselves and their heirs, executors and administrators, and waive and release any and all claims and causes of action for any injuries and damages they may have against Bath Charter Township, its officials, representatives, volunteers, successors and assigns for any and all injuries or damages suffered in the connection with this program.

Consent to Photograph/Videotape and Disseminate Without Compensation

I hereby consent for me or my child to be photographed/videotaped while participating in any activity offered by Bath Township Parks & Recreation. In addition, I consent to the reproduction and use of any such photographs and videotapes by Bath Twp. Parks & Recreation for educational, informational, public relations and promotional purposes and I waive any claim by myself, the above named minor child, or anyone claiming under or through us, for compensation of any kind in exchange for such photographs, videotapes and use.

 Parent/Guardian Signature (circle one) Date _____

 Name of Family Doctor Phone _____

Please consider a donation to the youth Scholarship Assistance Program fund. The youth Scholarship Assistance Program fund was developed to financially assist qualifying youth in Bath Twp. Parks & Recreation programs.

Program	Fee	SAP Donation Amount
YMCA Volleyball	\$10.00 (SAP recipient - short sleeved tee) shirt size ys ym yl as am al	\$0 \$1 \$2 \$5 other
YMCA Volleyball	\$20.00 (don't need a tee - Clinic participant)	\$0 \$1 \$2 \$5 other
YMCA Volleyball	\$25.00 (short sleeved tee) shirt size ys ym yl as am al	\$0 \$1 \$2 \$5 other
YMCA Volleyball	\$32.00 (long sleeved tee) shirt size ys ym yl as am al	\$0 \$1 \$2 \$5 other

Registration Fee \$ _____ + Scholarship Donation \$ _____ = Total \$ _____