

**5<sup>th</sup> and 6<sup>th</sup> Grade Volleyball League  
Registration  
For the fall '09 Season**



If your daughter is interested in playing volleyball next fall for the 5<sup>th</sup> and 6<sup>th</sup> grade league, registration will be in the Middle School Cafeteria:

**Thurs. May 21<sup>st</sup>, 2009 6-7:30pm  
Registration Fees \$50, includes jersey**

Please fill out the information on the registration form and bring to one of the registration dates listed above. You may mail to:

*Heather O'Connor~ Volleyball Program  
822 Richie Ave.  
Lima, Ohio 45801*

**Must be received by June 26th,**

Any registrations received after this date will have \$10 late fee.  
Absolutely no registrations will be accepted after July 17th.



**The Season will start with practices approx. 2 weeks before school starts next fall. Games will be played for 6-8 weeks, on Sat. Afternoons. We are working with the soccer program so that any girl that chooses to play both sports will be able to without conflict.**

**Make checks payable to: Shawnee Boosters**

For general information contact:  
Heather O'Connor 419-302-2817  
Amy Knight 567-204-3078

## Shawnee Indians Volleyball Registration Form 5<sup>th</sup>/6<sup>th</sup> Grade League

\_\_\_\_\_

**First Name**

\_\_\_\_\_

**Last Name**

\_\_\_\_\_

**Address**

\_\_\_\_\_

**Zip**

\_\_\_\_\_

**Telephone Number**

\_\_\_\_\_

Mother's Name

\_\_\_\_\_

Father's Name

(or)

\_\_\_\_\_

Legal Guardian's Name

\_\_\_\_\_

Email

\_\_\_\_\_

Grade (Fall 2009)

Jersey Size	YS	YM	YL	AS	AM	YL
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Parents- Please sign up for the following:

\_\_\_ Head Coach    \_\_\_ Asst. Coach    \_\_\_ Concessions

We, the Parents of \_\_\_\_\_ give permission for emergency medical treatment of our child for illness or accident if we cannot first be contacted.

Emergency Phone: Parent or Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact other than parent: Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Does your child have any allergies or require special medication? \_\_\_ Explain \_\_\_\_\_

We hereby agree that the Shawnee Indians Volleyball Program, its members, coaches and officers shall not be liable for any injury or loss that my child may sustain while participating in activities of any kind, whether sponsored by or under the supervision of Shawnee and we agree to indemnify and hold harmless Shawnee Volleyball, its members, coaches, officers and designates of any claim whatsoever.

\_\_\_\_\_

Parent/Guardian's Signature

\_\_\_\_\_

Date

**Do Not Write Below this Line-Volleyball Organization Use Only**

Fee Paid \$ _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	Rec'd By _____	Date _____
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<input type="checkbox"/> Late Charge	Coach Assigned_____
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