



2020 Youth Co-Ed Volleyball League Boys and Girls: Grades 4-6

Participant Name: _____ Date of Birth: _____ Grade as of Fall 2020 _____
Primary Guardian: _____
Primary Phone Number: _____ E-mail: _____ Cell Phone Provider: _____
Secondary Guardian: _____
Secondary Phone Number: _____ E-mail: _____ Cell Phone Provider: _____
Address: _____ City: _____ State: _____ Zip: _____

**Team Selection: Players will be placed on teams based on grade school Triads.
Please check which grade school the player currently attends.**

Central Triad: Davis _____ Hobbs _____ Jessup _____ North _____ Deming _____ Freedom _____ Gilchrist _____
Miller _____ Pioneer Park _____ Clawson _____ Willadsen _____ Prairie Wind _____

East Triad: Alta Vista _____ Buffalo Ridge _____ Henderson _____ Baggs _____ Dildine _____ Saddle
Ridge _____ Anderson _____ Meadowlark _____

South Triad: Afflerbach _____ Arp _____ Cole _____ Goins _____ Hebard _____ Rossman _____ Bain _____
Fairview _____ Lebhart _____ Sunrise _____

REQUESTS ARE NOT GUARANTEED!

Special Requests: _____

Uniform Information:

T-Shirt:

Youth: XSM _____ SM _____ Med _____ L _____
Adult: SM _____ Med _____ L _____ XL _____

Short Size:

Youth: XSM _____ SM _____ Med _____ L _____
Adult: SM _____ Med _____ L _____ XL _____

Coaching Information:

The Youth Co-Ed Volleyball League is enhanced by the efforts of Volunteer Coaches, Assistant Coaches, and Team Assistants.

If you are interested in helping coach, please fill out a coaching application, mail to 1317 Parsley Blvd. Cheyenne, WY 82007 or email to tfeezzer@cheyennecity.org.

I would be interested in coaching if there are not enough coaches.

Name _____ Phone Number _____

Youth Co-Ed Volleyball League Assumption Risk Waiver and Release

I, the undersigned guardian, agree that there are inherent risks of injury from my child's participation in the Cheyenne Recreation Division Youth Co-Ed Volleyball League. Those risks include, by way of example and not limited to: cuts, scrapes, bruises, sprains, strains, pulled muscles, and/or broken bones. I recognize that any activity involving motion and contact creates the possibility of serious injury, including permanent paralysis and even death. I agree to make my child aware of the risks of injury and to instruct my child to follow the safety rules and the coach's instructions at all times.

I understand that members of the Cheyenne Recreation Division staff, game officials, or the volunteer coaches might be required to give first aid to my child in the event of an injury or illness. I consent to the administration of first aid procedures on my child by the Cheyenne Recreation Division staff, game officials, or volunteer coaches, and the calling of an ambulance to transport my child to the hospital if an injury requires more than basic first aid.

Therefore, in consideration of my child's participation in the Cheyenne Recreation Division Youth Co-Ed Volleyball League, I fully assume all risks associated with my child's participation in the Youth Co-Ed Volleyball League. I waive, release and discharge for myself, my child, my family members, heirs, administrators, personal representatives, successors and assigns, any rights and claims which my child or I have or which may accrue against the City of Cheyenne, its offices, employees and volunteers for any and all waiver and release applies to any negligence on the part of the City, its officers, employees and volunteers. I understand that I am relinquishing legal rights. Further, I agree to defend, indemnify and hold harmless, including paying attorney's fees, costs and expenses, the City of Cheyenne from any and all liabilities which may result from my child's participation in the Cheyenne Recreation Division Youth Co-Ed Volleyball League, and I agree not to initiate any legal proceedings against the City of Cheyenne, its officers, employees, and volunteers.

I certify that I have read and understood this document and sign it knowingly, willingly and voluntarily and that I am authorized to sign this document on behalf of my child.

Refund Policy

1. Upon request, full refunds will be given from the time of registration to the end of registration.
2. Upon Request, after teams have been formed but before the start of the practice season, refunds will be given minus administrative fees of \$25.
3. After the start of practice, requests for refunds must be due to a verifiable medical reason (we will request a doctor's note). Requested refunds will be given, minus administrative fees of \$25.
4. Non-medical requests for refunds after the start of the practice season will not be approved.

I have read the above statements and acknowledge them as stated.

Participant's Name: _____

Guardian's Name: _____

Signature: _____ Date: _____