



2021 Youth Co-Rec Volleyball League **Boys and Girls: Grades 4-6**

Participant Name: _____ Date of Birth: _____ Grade as of Fall 2021 _____

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 write-in which grade school the player currently attends.**

Central Triad: _____

East Triad: _____

South Triad: _____

REQUESTS ARE NOT GUARANTEED!

Special Requests: _____

Uniform Information:

T-Shirt:

Youth: XSM SM Med L

Adult: SM Med L XL 2XL

Short Size:

Youth: XSM SM Med L

Adult: SM Med L XL 2XL

Coaching Information:

The Youth Co-Rec 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, drop it off at the Youth Activity and Community Center at 1317 Parsley Blvd. Cheyenne, WY 82007 or email to dmullen@cheyennecity.org.

I am interested in coaching youth co-rec volleyball.

Name _____ Phone Number _____

Youth Co-Rec 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-Rec 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-Rec Volleyball League, I fully assume all risks associated with my child's participation in the Youth Co-Rec 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-Rec 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: _____