



**Johnston Recreation Department
Coed Middle School Fall Volleyball Program 2019**

Paid: ___ Cash ___ Check ___ Check # ___ Date ___ Received By ___
For Recreation Use Only

Child's Name: _____ Age: _____ Grade (as of September 2019): _____

Phone # _____ E-Mail Address: _____

Address: _____

Parent(s) / Guardian(s) Name: _____

Please **circle** shirt size that you would like:

Youth Small 6-8

Youth Medium 10-12

Youth Large 14-16

Adult Small 34-36

Adult Medium 38-40

Adult Large 42-44

Adult. X-Large 46-48

\$65.00 PER PLAYER | \$35 EACH ADDITIONAL SIBLING

Johnston Recreation Department – Recreation Activities

Pursuant to the Rhode Island General Laws S7-6-22, I/we the parent(s) of the above named boy/girl, who is a candidate for a position on a Johnston Recreation Department Activity, hereby give my/our approval to his/her participation in any and all of the activities during the current season.

I/we assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities; I/we do further hereby release, absolve, indemnify and hold harmless the Johnston Recreation Department, the organizers, sponsors, and the supervisors, and or all of them.

In case of injury to I/we hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. I/we will furnish a certified birth certificate of the above named candidate upon request of the league officials.

The undersigned specifically acknowledge that a risk of injury exists and assume said risk with respect to practicing for or participating in any contact or exhibition or an athletic or sports matter sponsored by the Johnston Recreation Department.

Parent/Guardian Signature: _____