

***League form***

2020

***Spring League Season***

April May

(Check one ) Grade 3/4th\_\_\_5th\_\_\_6th\_\_\_7th\_\_JH\_\_HS\_\_

Player Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade : \_\_\_\_\_\_\_\_\_\_\_

Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Circle one) Shirt size : YS YM YL AS AM AL AXL

I, the undersigned give permission for my child to participate in Johnson County Juniors Volleyball Leagues. This authorization shall waive, release and resolve Johnson County Juniors and its staff from any and all liability from injury and or illness incurred. I give the staff permission to act on my behalf, according to their best judgment, in any emergency. I also certify that the above applicant has no physical problems or disabilities which would impede her from participating in Johnson County Juniors Volleyball League other than those prior noted on an attached sheet with this application.

Parent Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

jcjvclub.org jrjcjv@yahoo.com ***817 915-2059***

Fee $150.00 ( 8 ) Scheduled Matches 16 Sets and end of season Tournament

Bring form in with Fee

Paid :#\_\_\_\_\_\_\_\_\_\_Online Cash\_\_\_\_\_\_\_\_ Check : \_\_\_\_\_\_\_\_\_\_ CC\_\_\_\_\_\_\_\_\_