

**ARNAUDVILLE PARKS & RECREATION
BOY'S & GIRL'S VOLLEYBALL PROGRAM**

REGISTRATION FORM for 2024

Player's Name: _____
Physical Address only: _____
(NO Post Office Box)
Phone Number: _____ Cell Number-----Grade: 5th , 6th , 7th , 8th (Please Circle One):
Registration for Girl's and Boy's
Shirt size (Circle one): Youth Size - Small (6-8) Medium(10-12) Large(14-16)
Adult Size Small Medium Large

MEDICAL RELEASE

This is to certify that I, parent or guardian of _____, a player in the ARNAUDVILLE PARKS & RECREATION Volleyball PROGRAM, hereby grant permission to the adult manager or coach of the team to obtain medical care from any licensed physician, hospital, or medical clinic for the player named herein as such times as either parent or legal guardian cannot be contacted in person or by phone. This authorization shall include all league activities and we do hereby waive, release, absolve supervisors and participants and persons transporting the players to and from those activities, from any claim arising out of injury to the player.

Signed: _____ Relationship: _____

Fees paid (Amount) _____ Initials _____

Fees for all categories: 1 player—\$45.00 **NO REFUNDS ON REGISTRATION FEES.**

I volunteer to help in one of the following areas:

_____ Coach or Assistant Coach
_____ Concessions

PLEASE NOTE: Volunteer coaches are needed. !

APPLICATIONS: **BEFORE September 5, 2024 (DEADLINE)**

Draft on September 8, 2024 at 2:00-4:00 pm at Arnaudville Elementary Gym

MAIL TO ZELMA JACKSON

168 RAYMOND MECHE LANE

ARNAUDVILLE, LOUISIANA 70512

CALL FOR MORE INFORMATION 337-280-9457

DO Not SEND REGISTRATION TO SCHOOL

**PLEASE MAIL ALL REGISTRATIONS TO
THE ADDRESS ABOVE:**