

Rock Springs Developmental Volleyball League for 3rd, 4th, 5th and 6th grade Girls run by Rock Springs High School Volleyball and the City of Rock Springs Parks and Recreation Dept.

Registration will be Monday March 23rd and Wednesday 25th from 6:00 pm. To 7:30 p.m. at Rock Springs High School lobby.

Name of Participant: _____ Address: _____
City: _____ State: _____ Zip: _____
Parents/Guardians Name: _____
Home phone number: _____ Work: _____ Cell: _____
Name of School Attending: _____ Grade you're in (circle) 3, 4, 5, 6.
Adult shirt sizes (circle size for participant) ex-small, small, medium, large, ex-large.

I, the undersigned, hereby acknowledge that my daughter is healthy and ready for vigorous activity at the developmental volleyball league and authorize the directors to secure and emergency treatment deemed necessary. I hereby release the league director, coaches, and players from all claims as a result of any injuries, which may be sustained by my daughter while attending the volleyball league. I also understand that any medical bills incurred by my daughter while in attendance at the league will be my responsibility or the responsibility of my Family Insurance Plan.

INSURANCE COMPANY _____ POLICY NUMBER _____
Parent/Guardian Signature _____ Date _____
