



# CRC Youth Volleyball Registration Form

## Winter 2023 Youth Volleyball League

Participant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_ State \_\_\_\_\_

**1. Parent/Guardian's Name** \_\_\_\_\_

Preferred Phone# \_\_\_\_\_ Alternate Phone# \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

EMAIL Address \_\_\_\_\_

**2. Emergency Contact's Name** \_\_\_\_\_

Preferred Phone# \_\_\_\_\_ Alternate Phone# \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

EMAIL Address \_\_\_\_\_

Indicate Uniform Size (circle one) Youth: S M L Adult: S M L XL XXL

Number of Seasons Child Has Played \_\_\_\_ Skill Level (check one): Beginner Intermediate Advanced

Requests \_\_\_\_\_

At the Coomes Center we strive for parity to ensure a positive developmental experience for all participants. We will do our best to honor requests, but they are not guaranteed. Thank you for your understanding.

Special Medical Information: \_\_\_\_\_

### **VOLUNTEERS NEEDED!!**

If you are interested in helping our CRC Youth Volleyball program this upcoming season, please check one of the following:

Head Coach  Asst. Coach  Referee

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Grade interested in working with? \_\_\_\_\_

EMAIL Address \_\_\_\_\_

Activity Wavier Form

**\*\* If you have any questions call us here at the Coomes Center (276) 623-5279 or email at [crspsports@abingdon-va.gov](mailto:crspsports@abingdon-va.gov)**

The Harry L. Coomes Recreation Center, commonly referred to as the "Coomes Recreation Center" is designed as a service facility for the community. As such it will strive to provide a wholesome atmosphere where persons of all ages can meet, enjoy the benefits of physical fitness, leisure time activities, general group/individual exercise, and social and special event programs.

I, the person noted below, understand that participation at the Coomes Recreation Center and with activities sponsored by Abingdon Parks and Recreation is at my own risk. I hereby expressly assume the risk of any physical injury or other loss that I might sustain as the result of participating in this activity and/or as a result of any transportation related thereto. In that regard, I hereby covenant not to sue and agree to hold harmless the Town of Abingdon, the Harry L. Coomes Recreation Center, Abingdon Parks and Recreation and all of the agents and/or employees of these three entities from any and all liability for injury and/or loss that I might sustain as a result of participating in any activity at the Coomes Recreation Center or other activity sponsored by Abingdon Parks and Recreation. I further agree to indemnify and hold harmless the Town of Abingdon, the Harry L. Coomes Recreation Center and/or Abingdon Parks and Recreation and all of the agents and employees of these three entities from any injury and/or loss that may occur to myself and/or others as a result of acts of negligence of myself while participating in activities at the Coomes Recreation Center or other activity sponsored by Abingdon Parks and Recreation. I understand that accident insurance, medical insurance and other coverages are not provided to participants by the Town of Abingdon, the Harry L. Coomes Recreation Center and/or Abingdon Parks and Recreation.

*Unless I have set out in writing on the attached sheet entitled "Medical/Health Conditions" that I have existing medial conditions or health problems that may have an impact on my ability to participate in any physical activities at the Coomes Recreation Center, I hereby acknowledge that I am in good physical condition and suffer from no known medical conditions or health problems. I understand that if I do have a known medical condition or health problem that I will have to provide the Coomes Recreation Center with certification from my physician, satisfactory to the Center, that I am capable of participating in the physical activities without health risk to myself or others using the Coomes Recreation Center before I will be allowed to participate in the activities. I will notify the Coomes Center of any change in my condition.*

I acknowledge that certain activities may pose a risk with persons who have existing medical conditions and such activities may compound a simple medical or health problem. I acknowledge that regular scheduled medical advice or examination, before heavy or extended physical fitness activities, is recommended. I understand the importance that I am in good physical condition when I agree to participate in the activity, and understand that it is my responsibility to maintain an activity level that is compatible with my physical condition and skill level.

I agree to follow all current and future regulations of the Coomes Recreation Center and Abingdon Parks and Recreation Department, that all fees and other due charges must be paid in full before participation and that no refunds are provided for my decision not to complete the class or program. The Coomes Recreation Center will, however, issue a credit for medical problems or illness which may prevent participation after registration for program(s) when accompanied by a medical doctor's statement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardians Signature for Minor \_\_\_\_\_

**I, the undersigned, do hereby grant permission to Abingdon Parks and Recreation/ Coomes Recreation Center to post my child's photo as a reflection of programming/events they may be involved with your organization in media to include, newspaper, bulletin boards, social media, and organization website.**

Child's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_