



City of Morehead Parks & Recreation Department

314 Bridge St. Morehead, KY 40351
Phone: 606-784-8686 Fax: 606-783-0840
Website: <https://morehead-ky.gov>
Facebook: Morehead Parks and Recreation Dept.



Youth Volleyball Registration Form

Child's Name: _____ Age: _____ Grade: _____ DOB: _____

Male: ___ Female: ___ School: _____ Allergies: _____

Parent's Name: _____ E-Mail: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Emergency Contact Number: _____

Shirt Size	YS	YM	YL	YXL	AS	AM	AL	AXL	A2X	A3X
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* Pants are responsible by each player

ALL FEES PAYABLE TO CITY OF MOREHEAD

Fees: Paid _____ Not Paid _____ | Cash _____ Check # _____ Credit _____

Please check appropriate box:

_____ ^{3rd} Grade Girls Volleyball

_____ 4th Grade Girls Volleyball

_____ 5th Grade Girls Volleyball

**Teams will have all 3 grades playing together.*

ASSUMPTION OF RISK – WARNING: I understand that my child is susceptible to injury by participating in this activity and they participate on their own free will and with my expressed permission. In consideration of my child's entry into this activity through the Morehead Parks & Recreation Dept. I, as this child's parent or legal guardian, intending to be legally bound, do hereby for myself and heirs, executors, administrators and assigns, waive, release, and forever discharge all rights and claims, including any claims for loss, damages or injury to my child or property arising out of the performance of the Morehead Parks & Recreation Department and it's agents, any institution, organization or school system involved in this activity for any and all damages which may be sustained and suffered by my child in connection with association of entry in and/or arising out of my child's participation in this activity. I hereby consent to allow any picture or likeness to appear in any official documentary, sponsor advertising, webpage, social media or exclusive news coverage, in any manner incidental to my child's participation in this activity without compensation to me or my child.

Parent or Legal Guardian Signature: _____ Employee Initials: _____