

AUSTIN PARK & RECREATION DEPARTMENT 2012 YOUTH PLAYER FORM

SPORT Volleyball SUMMER _____ FALL _____ WINTER X

TEAM NAME _____ please circle league U18 U15 U12

SCHOOL _____ BOYS _____ GIRLS _____

I, the undersigned player, acknowledge, agree and understand that I voluntarily and of my own free will elect to participate as a member of the team and league listed above. I understand that there are certain risks and hazards involved in participating in this sport that may result in injury or death to me or other players. I do hereby release the City of Austin and the Austin Parks, Recreation and Forestry Department from any and all liability due to any damages I receive for personal injuries or property damage while participating in athletic events on premises owned by them and using facilities connected with said recreational activities during the season established above or until I am given release by said team and same is recorded with the director of the league. I further agree to abide by the rules of the Park and Recreation Department as established for this league.

Name _____ Home/Cell Phone _____

Address _____ Birth Date _____ Shirt Size _____

City _____ State _____ Zip _____

Parent/Guardian Signature _____

Parent/Guardian signature is required on this form or the team roster, not both.
Player information needs to be completed on both roster and this form.

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