

Registration Deadline
 Friday, August 16th
 5:00 pm

Scout Day
 Saturday, August 24th

2019 Whitesboro P.A.R.D. Youth Volleyball

www.whitesborotexas.com/pard

2019 Registration Fee	
Volleyball	\$55
Discounts	
2 Children in same family registered = \$5 off	
3 children in same family registered = \$10 off	
Late Registration Fee: \$10/Child (Taken only in cases of shortages on rosters.)	

Office Use Only
 Date _____
 Receipt # _____
 Birthdate Verified Y N
 Scholarship Y N
 Initials _____



Please bring the following to PARD located at 400 Wilson Street, Whitesboro, TX 76273 or mail to PARD at PO Box 340, Whitesboro, TX 76273 (Do not send forms to school!):

- Completed Registration Form
- Fee (Cash or Checks Only – make checks payable to PARD)
- Copy of Birth Certificate (First time PARD participants.) **** PARD does not keep physical copies on file.****

Call PARD at 903-564-5964 to ask about Scholarships and Payment Plans if needed. No scholarships will be given after the deadline. No exceptions! All late registrations will require the full fee plus a \$10 late fee.

PLAYER INFORMATION

(Must match Birth Certificate)

League age determined by school grade this season (Circle One): 3rd&4th / 5th&6th

Player's Last Name _____ First _____ Middle _____

Date of Birth _____ School _____ Grade _____

Street Address _____ City _____ Zip _____

Mother/Guardian Name _____ Mother/Guardian Phone _____

Father/Guardian Name _____ Father/Guardian Phone _____

Mother's Occupation _____ Father's Occupation _____

Medical Problems of Player _____

Doctor to Notify in Emergency _____ Phone _____

Emergency Contact (Not Parents) _____ Phone _____

Shirt Size (Circle One): YS 6-7 / YM 8-10 / YL 12-14 / AS / AM / AL / AXL / AXXL

Liability Waiver and Consent for Medical Treatment

I, hereby give my approval for the above-named to participate in the PARD Youth Sports Program. I assume all risk and do hereby waive, release and agree not to hold the City of Whitesboro, the PARD, the organizers, sponsors, supervisors, participants, and persons transporting my child responsible for any injury that may be incurred while participating in the program. As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. I do hereby fully and freely consent to the use of the participant's photo for promotional purposes on both printed materials and websites. I do hereby release and hold harmless the City of Whitesboro from a liability arising out of said participant's photo in a publication, advertisement, and/or promotion.

Signature of Parent/Guardian _____ Date _____

Siblings Playing in Same League (Name and Grade):

Interested in being a Head Coach?

YES NO

Interested in being a Referee?

YES NO

Name _____

Phone _____