



CITY OF PICKENS RECREATION/P.Y.A.C.
"HOME OF THE 2014 9U / 12U / STATE CHAMPIONS"

2016 FALL VOLLEYBALL

The purpose of these leagues is to promote the growth of all participants, physically, mentally, socially and spiritually. The objectives are to provide training for skills development and learning sportsmanship. All skill levels are welcome!

Girls Age Divisions

7-9 (2nd, 3rd & 4th grades) 10-12 (5th, 6th & 7th grades) 13&14 (8th & 9th grades) 15-17 (10th, 11th & 12th grades)
Birthdate cutoff is September 1, 2016; the age of the participant, on September 1st, is the age in which they participate. Birth Certificates are required at registration!

Season Dates

Registration period runs through August 5, 2016
Skill Evaluations: To be Announced
Season Begins: Week of September 12, 2016 (approximate start date)

Schedule and Location

Games will be scheduled on Mondays, Tuesdays and Thursdays. Some Fridays and Saturdays may be utilized depending upon size of divisions. Home games will be played at the Pickens Recreation Center at 545 Sangamo Road.

Fees (non-refundable)

In-City residents - \$45.00; out-of-city residents - \$55.00. The fee provides a jersey to be kept. Financial assistance is available for those who qualify and will only be taken during 3 weeks of the registration period, June 27 - July 15, 2016.

Sometime during the season, every parent may be asked to volunteer in some capacity. If you have a special talent that we could use, please let us know

Please check participant's age division:

- 7 - 9 yrs. old 10 - 12 yrs. old 13 & 14 yrs. old 15 - 17 yrs. old

Participant's Name:

Years of Experience:

Age: Grade: School: Date of Birth:

Shirt Size: Youth: M L Adult: S M L XL (add \$5.00 more for AXL) Previous Coach:

Parent's Name: Address:

City: Zip: Phone Number: (H) (Cell/W)

Email: Emergency Contact: Phone Number:

Health restrictions, injuries, etc.:

VOLUNTEERS NEEDED! Please check one if you can help as: Coach Team Parent Official

Please return this form with your payment by August 5, 2016 to: City of Pickens Recreation Dept., PO Box 485, Pickens, SC 29671; phone # 878-2296; fax # 878-2291 Our physical address is 545 Sangamo Road, Pickens

I have read and agree to abide by the terms and conditions set forth in the parent/guardian contract. I will make certain that my child reads the player's contract and has it explained to him/her if needed.

Parent/Guardian Signature:

Office Use Only: Date Paid Amt. Cash / Check # Rept. Wv. Birth Cert.

AGREEMENT, RELEASE AND WAIVER OF LIABILITY

In consideration of being permitted to participate in or assisting others in participating in the Pickens Rec. Volleyball program, and related events and activities, on behalf of myself, or a minor child or ward, heir, next of kin, personal representative, successor or assign:

1) I ACKNOWLEDGE, UNDERSTAND AND DECLARE THAT:

- a) To the best of my knowledge, I am in GOOD PHYSICAL CONDITION and have no disease or injury that would be aggravated by participating in activities related to the event;
- b) Participating or assisting others in participating in the event may involve RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY, or other consequences, which might result not only from my own actions, inactions or negligence but also the actions, inactions, or negligence of others, the rules of play or the conditions of the premises or of any equipment used;
- c) There may be OTHER RISKS not know or not reasonably foreseeable; and Understanding All of the Above.

2) I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND CONVENANT NOT TO SUE THE CITY OF PICKENS, PYAC NOR THE FOLLOWING:

- a) any affiliated subsidiary, successor, organization, or related companies or businesses, other participants, sponsoring agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees or volunteers of such entities or organizations;
- b) owners, lessors and lessees or premises used to conduct the event FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, OR ANY OTHER CONSEQUENCE in connection with entry in or arising out of participation in, performance in or lack of performance in, including travel en route to and from the event.

3) CONSENT TO:

ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the event. I HAVE READ THIS FORM IN ITS ENTIRETY AND HAVE PROVIDED TRUTHFUL INFORMATION.

Name of Athlete (print)

Name of Parent/Legal Guardian (print)

Signature of Athlete (If over 18 yrs. of age)

Signature of Parent/Legal Guardian, Individually and in the capacity as Parent/Legal Guardian if Athlete is under 18 years of age.

Date