



2021 ST. MARYS RECREATION DEPARTMENT VOLLEYBALL

Registration Deadline: Friday, August 20th by 5:00 P.M.

Fee: \$20.00/child within the city limits, \$25.00/child outside the city limits.

Age Groups: 3rd - 4th grade, 5th - 6th grade.

Teams will participate in 4 - 5 Saturday tournaments in the months of September and October.

Registration Deadline Policies:

Register in person: 200 South 7th Street (St. Marys City Hall) Register by mail: PO Box 130, St. Marys, KS 66536. No registration forms will be accepted after the registration deadline.

Forms must accompany correct payment to be accepted.

Mailed forms that arrive after the deadline will not accepted (even if envelope is postmarked prior to deadline date)

Participants Name: _____ Age: _____ (As of May 1st, 2021)

Gender: _____ Grade: _____ DOB: ____/____/____

E-Mail: _____ Best phone number to be reached: _____

Address: _____ City/Zip: _____

Please select participant's shirt size:

YOUTH SIZE: SM ___ MED ___ LRG ___ / ADULT SIZE: SM ___ MED ___ LRG ___ X-LRG ___ XX-LRG ___

WOULD YOU LIKE TO COACH?

COACH SHIRT SIZE _____ / ASSISTANT SHIRT SIZE _____

YES! Coach Name _____ Phone _____ E-mail _____

YES! Assistant Name _____ Phone _____ E-mail _____

*Parents interested in coaching are subject to random background checks. SMRD has the right to approve or reject any parent to serve as a coach for any or no reason.

ARE YOU INTERESTED IN SPONSORING? (\$100.00 Sponsor Fee)

YES! Business Name: _____ Contact Person: _____

Shirt Color Preference: _____ Phone Number: _____ Email: _____

Teams will be randomly selected.

Waiver for Participant:

In consideration of accepting this entry, I hereby for myself, my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have while participating in a St. Marys Recreation Department program or sport. I assume all risks and hazards incidental to participation and I waive, release, resolve, indemnify and agree to hold harmless the St. Marys Recreation Department, The City of St. Marys and its organizers, sponsors, and supervisors.

NOTE: Parent or Legal Guardian must sign for any child entering a program.

PRINT _____

(Guardian's Name)

SIGNED _____

(Guardian's Signature)

Date _____

E-mail: mayhewjames13@gmail.com

Ph #: (785) 207-1023