



INFORMATION: 2021 Spring

LEAGUE: This league will be geared to help girls learn the fundamentals of volleyball. There will be a practice or games on Monday evenings at 5:30 pm, depending on sign up numbers.

FOR GIRLS IN GRADES: 4TH to 8TH - (Any younger ages will have to be approved)

FEES: \$60.00. for 2nd Child \$10.00 discount (Must pay for own knee pads)

PRACTICE AND PLAY DAYS: Practices and games will be played on Mondays and practices may be other days during the week if needed and available.

DEADLINE TO SIGN UP: MON, MARCH 29th - League will run approximately April 5- May 24

Sign up at Gallatin Civic Center or online at: www.gallatinparksandrec.com

LOCATION: GALLATIN CIVIC CENTER

PRACTICE BEGINS: MON. APRIL 5 @ 5:30PM AT GALLATIN CIVIC CENTER

- Turn in applications to Gallatin Civic Center or sign up online before practice date.
- For practice, girls need to be prepared to play in proper clothing and tennis shoes.
- Girls will be asked to perform certain skills to determine ability.
- Number of teams formed will depend on number of girls signing up. Must have at least 4 teams to form league.





2021 GALLATIN PARKS AND RECREATION
GIRLS SPRING VOLLEYBALL LEAGUE REGISTRATION

NAME (print) _____ (Preferred Name)
First Middle Last

ADDRESS _____

CITY _____ ZIP _____ PARENT EMAIL: _____

MOTHER'S NAME _____ Home PH _____ Work PH _____ Cell _____

OR GUARDIAN []

FATHER'S NAME _____ Home PH _____ Work PH _____ Cell _____

Lives with _____ School Attending _____ Grade _____ Height _____ Wt. _____

Do you have a sibling playing in the league also? If yes, names and ages _____

Have you ever played volleyball before? No _____ If yes, where and when _____

BIRTHDATE : ____/____/____
MONTH DAY YEAR

FEE:\$60.00 2nd & 3rd child - \$10.00 discount Make out checks to:
Gallatin Parks & Recreation

SHIRT SIZE - Please check

YOUTH: S [] M [] L [] ADULT: S [] M [] L [] XL [] XXL [] 3XL [] Other _____

CIRCLE GRADE YOU ARE PRESENTLY IN: 4TH 5TH 6TH 7TH 8TH (if younger must get approval from director)

GENERAL RELEASE, WAIVER OF LIABILITY AND PARTICIPATION AGREEMENT

I give permission for my child/children, _____, to be photographed and/or videotaped during activities. My child's image may appear in print or online promoting the activity or for marketing purposes for The City of Gallatin, Tennessee. I understand that my child's name will not be used to identify my child.

I understand all the risks associated with participation in this program. I certify that my child/children are physically capable of participating in the Girls Volleyball League and all related activities. Exceptions are noted on the medical form.

I, the undersigned, waive and release The City of Gallatin, Tennessee (Girls Volleyball League), its staff, volunteers and representatives from any and all liability, claims, demands, and causes of action arising out of or related to any loss, personal injury (including death), disease, illness, or property loss that may be sustained or occur from participation in or otherwise be associated with The City of Gallatin, Tennessee (Girls Volleyball League).

Covid-19 rules - All parents will be required to wear masks, no more than two persons per player will be able to attend practices or games.

I have read the league policies and agree to adhere to them. I understand that valuables are brought to Girls Volleyball League at participant's own risk. Any personal items lost or stolen will not be replaced by The City of Gallatin, Tennessee (Girls Volleyball League).

I hereby give my consent for my child/dependent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during the clinic.

I have read and fully understand this release of liability. I sign it of my own free will.

PARENT/LEGAL GUARDIAN of PARTICIPANT (please print)

PARENT/LEGAL GUARDIAN of PARTICIPANT-SIGNATURE

DATE

Parent Information

All children must register each year in order to play in the league. Late applications will be placed according to team availability. Each late application must be approved by the Recreation Program Director to be eligible to play.

Practice day conflicts, requests or comments. List all other recreation activities that your child will participate in during the season. (Please realize requests can not be guaranteed)

COACHING

Would you be interested in: Coaching [] Assistant Coach []

* Coaches will be asked to submit application and permission to a background check and to take concussion training.

***** OFFICE USE ONLY *****

Fee Paid _____ Cash or Check _____ Grade _____ League _____ Team _____