



**Johnston Recreation Department  
Coed Middle School Volleyball Program – Spring 2025**

\$70.00 per player || \$35.00 each additional sibling

**Rec Dept. Use:** Paid: \_\_\_\_ Check/Money Order # \_\_\_\_ Cash \_\_\_\_ Date: \_\_\_\_\_ Received By: \_\_\_\_\_

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Player's Name: \_\_\_\_\_ Parent(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Street

City/Town

Zip Code

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Grade (24-25 school year): \_\_\_\_\_

Does child have any medical problems that the recreation department should be made aware of? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

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Please **circle** the cotton shirt size you would like:

**Youth Small 6-8**

**Youth Medium 10-12**

**Youth Large 14-16**

**Adult Small 34-36**

**Adult Medium 38-40**

**Adult Large 42-44**

**Adult. X-Large 46-48**

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Pursuant to the Rhode Island General Laws S-7-6-22, I/We the parent (s) of the above-named boy/girl, who is a candidate for a position on a Johnston Recreation Department Activity, hereby give my/our approval to his/her participation in any and all of the activities during the current season.

I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities; I/We further hereby release, absolve, indemnify, and hold harmless the Johnston Recreation Department, the organizers, sponsors, and the supervisors, and/or all of them.

In case of injury to my/our son/daughter, I/We hereby waive all claims against the organizers, the sponsors or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our son/daughter to or from the activities. I/We will furnish a certified birth certificate of the above-named candidate upon the request of the league officials. The undersigned specifically acknowledge that a risk of injury exists and assume the risk with respect to practicing for or participating in any contact exhibition or an athletic or sports matter sponsored by the Johnston Recreation Department.

I authorize my child to participate in the Johnston Recreation Department Coed Middle School Volleyball Program – Spring 2025.

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_