Johnston Recreation Department
Coed Middle School Volleyball Program – Spring 2024

$70.00 per player || $35.00 each additional sibling

Rec Dept. Use: Paid: _____ Check/Money Order # _____ Cash ___ Date: _____ Received By: _____

Player's Name: _____ Parent(s) Name(s): _____

Address: _____
              Street   City/Town   Zip Code

Phone No: _____   Email: _____

Age:_____   Date of Birth: _____   Current Grade (23-24 school year): _____

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

If yes, please explain: _____

Please **<u>circle</u>** 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**

I authorize my child to participate in the Johnston Recreation Department Coed Middle School Volleyball Program – Spring 2024.

Parent Signature: _____   *Date:* _____