



1200 SUSANK ROAD P.O. Box 96 HOISINGTON, KS 67544  
 TELEPHONE: 620 653-4050 FAX: 620 653-4044  
 E-MAIL: HRC@USD431.NET



# 2020 Youth VOLLEYBALL LEAGUE

## Registration Form

(Complete one form for each participant)

**GRADES 3 – 6**

**DEADLINE AUGUST 14th**

Please Print Legibly

Participant's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_  
 M or F \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

Parents/Guardian Name \_\_\_\_\_ COACH/VOLUNTEER

**ACTIVITY NAME:**  
**1. 2020 GIRLS VOLLEYBALL LEAGUE ..... FEE: \$25.00**

This Activity Provides T-Shirts, sizes are:

Shirt Size: Youth: YXS \_\_\_\_\_ YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ YXL \_\_\_\_\_ Adult S \_\_\_\_\_ Adult M \_\_\_\_\_ Adult L \_\_\_\_\_

**A person shall not be enrolled in any HRC activity until the registration form, with payment, is received at the HRC Office.  
 You may mail your registration form with your payment, to P.O. Box 96, Hoisington, KS 67544**

**Persons residing in USD 431 School District shall have priority registration privileges for a pre-determined time  
 frame in all HRC sponsored activities. The time frame would end 13 days before the published deadline date for the event.**

**Giving of Refund or Credit will only be made if cancellation is received at the HRC Office at least  
 2 days before the starting date of activity.**

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

*Waiver and Consent Statement:* I, the undersigned, state that I understand that the Hoisington Recreation Commission is not, nor shall not be responsible for, or liable for illness to any person or damage to property resulting from the program in which the undersigned is enrolled or from my participation in said program. I, also, assume all physical risks and hazards involved in the conduct of the program and hereby release, indemnify and hold harmless the Hoisington Recreation Commission, its officials, officers, and employees and/or any other civic or private organization appointed by it from any liability as a result of any accident which may occur in conjunction with said participation and result in bodily injury to child or person. In case of sickness or injury, I authorize the calling of 911 and/or providing other necessary first aid and medical services. I understand that responsible measures will be taken to safeguard the health and safety of the participant. I, the undersigned, also waive any and all claims that I or my heirs, executors administrators or assigns may claim to have resulting from a photograph, video, or reproductions thereof of me while participation in Hoisington Recreation Commission programs. I understand that I will be transported by activity bus while participating in the Hoisington Recreation Commissions trips.

I HAVE READ AND UNDERSTAND THE WAIVER AND CONSENT STATEMENTS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Check No.: \_\_\_\_\_ Date Paid \_\_\_\_\_  
 (checks payable to HRC)

-----for office use only

Receipt Number: \_\_\_\_\_ Entered by: \_\_\_\_\_ Date: \_\_\_\_\_