



Girls Youth Volleyball

Fall Competitive League

Age divisions: 10-12; 13-14

Season begins September 6th

Player evaluations: Monday, August 15th, 6pm at Central Clemson Recreation Center

Fees: (T-shirt and Socks included)

\$30 for Central/Clemson Residents (living within the city limits)

\$45 for Non-Residents

Registration: July 12th – August 4th

Space is Limited

Registration and payment can be mailed in or dropped off

Drop off: Nettles Park

Mailing Address: 102 Nettles Park Rd., Clemson, SC 29631

Cash, Check (Make payable to "City of Clemson"), and Credit Cards accepted.

For additional information please call 624-1120 ext. 16002

Participant's Name: _____ Shirt Size: YS YM YL AS AM AL AXL

Date of Birth: _____ Child's age (as of September 1, 2016) _____

Division: (please circle) 10-12 / 13-14 Street Address: _____

City: _____ Zip Code: _____ Parent's Name: _____

I am willing to Coach _____ Assist _____ ***Fee will be waived for Head Coaches Only

Home Phone: _____ Work Phone: _____ Cell Phone: _____

EMAIL ADDRESS: (please print clearly) _____ (Email will be utilized for updates and notifications)

Family Doctor: _____ Phone: _____

Medical Conditions: _____

Allergies: _____

Emergency Contact: _____ Phone: _____

Participant Waiver: I hereby release City of Clemson Parks and Recreation and the Central Clemson Recreation Center and any employees associated with this program from full and complete liability or claim of injury or damage sustained by my child resulting from participation in this program. I hereby state my child is in proper physical condition to participate in this program.

Parent Signature: _____ Date: _____