

**NORTH READING YOUTH VOLLEYBALL (NRYV)**  
**106 Haverhill Street**  
**North Reading, MA 01864**

**Registration and Release Form**

FEES:

Junior Division, (grades 5 & 6)      \$75.00 + \$15 Late fee after August 20th  
Senior Division, (grades 7 & 8)      \$75.00 + \$15 Late fee after August 20th

PLAYER NAME \_\_\_\_\_ GRADE (fall) \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ SCHOOL \_\_\_\_\_

EMAIL ADDRESS (Please) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NUMBER FOR EMERGENCY CONTACT \_\_\_\_\_

Does the above player have any medical conditions that NRYV should be aware of? \_\_\_\_\_

Any Medications? \_\_\_\_\_ Allergies? \_\_\_\_\_

It is our goal to run a first-class program. In order to do this we need VOLUNTEERS. Could you or your spouse (or any responsible adult you may know) help with any of the following?

TEAM COACH \_\_\_\_\_ ASSISTANT COACH \_\_\_\_\_

SPECIAL PROJECT/EVENTS \_\_\_\_\_ REFEREE \_\_\_\_\_



SHIRT SIZE      YOUTH:      Medium \_\_\_\_\_ Large \_\_\_\_\_  
                         ADULT:      Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_

I, the undersigned parent our guardian of the above mentioned child, recognizing that participation in an athletic event may be dangerous even when all reasonable precautions are taken, do hereby consent to his/her enrollment in the North Reading Youth Volleyball program. I certify that the player is covered by a health insurance policy.

I also agree that photographs of my child may be used to promote the North Reading Youth Volleyball program.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please mail completed and signed registration form to the address above. Include the applicable registration fee payable to NRYV. Thank you.**