

Smithville Parks & Recreation
~Little Bumpers~
2011 Registration Form

Please bring completed forms along with payment to the Rec Center; 106 Royston, Smithville, TX 78957. **A birth certificate must be shown to verify the child's age** and the information below must match the birth certificate to complete registration.

FEES: Before 9/3/11 - \$40 for the first child/\$35 thereafter; 9/3/11 - 9/8/11 is \$50 per child.

We accept cash, check, Visa, MasterCard and Discover.

Childs Name: _____ **Birth Date:** _____ **Age:** _____

Gender: M / F **Current Grade** (Aug. 2011 – May 2012 school year): **Third** **Fourth** **Fifth** **Sixth**

Mothers Name: _____ **I would like to:** **Head Coach** _____ **Asst. Coach** _____

Fathers Name: _____ **I would like to:** **Head Coach** _____ **Asst. Coach** _____

(Coaches will be chosen by Rec. staff and on a first come basis. Volunteer form must be filled out and submitted before registration closes).

Address: _____

Email Address: _____

Primary Phone: (_____) _____ **Additional Phone:** (_____) _____

Emergency Contact/Phone: _____ (_____) _____

Relation to Child: _____

Please List Any Medical Issues: _____

Physicians Name/Phone: _____ (_____) _____

Players Shirt Size (Check only one): **YS** _____ **YM** _____ **YL** _____ **AS** _____ **AM** _____ **AL** _____ **AXL** _____

I, the parent/guardian of the participant, a minor, hereby give my approval to his/her participation in the **Smithville Little Bumpers League**. I also agree the participant and I will abide by the rules of the organization. Recognizing the possibility of physical injury associated with volleyball and in consideration of the league accepting the participant for its volleyball program and activities, I hereby release, discharge, and/or otherwise indemnify the **Smithville Indoor Recreation Center and Smithville Parks and Recreation Department**, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the courts and facilities utilized for the program, against any claim by or on behalf of the participant as a result of the registrant's participation in the program. In case of my absence, I give permission for treatment of illness and/or injury that may be sustained while participating in said league. I also give permission for any photographs taken during these activities to be utilized for promotional uses by the City of Smithville Parks and Recreation Department now and in the future.

WE MAINTAIN A STRICT **NO REFUND** POLICY

Parent/Guardian Signature: _____

Printed Name: _____ **Date:** _____

We do our best to help accommodate players' schedules as well as transportation requests. However, we can **NOT GUARANTEE** all requests will be honored and there will be absolutely **NO REFUNDS** given to individuals unable to attend practices or games.

Please list one (1) day of the week that is absolutely awful for your child to participate in practices (If you list more than one day, the following days will NOT be considered): **Day:** _____ **Time:** _____

Please Note: We maintain a two family, three child maximum for transportation requests & players must be in the same age bracket. You may only choose one (1) child for transportation purposes. You may have up to three children connected for transportation reasons **ONLY** if two of the children are siblings. Please contact us should you need any clarifications. **Names of the children requesting to be paired together due to transportation requests MUST have each other's names on their registration form. If you list more than one name, your request will NOT be considered. Please list transportation request name:** _____

City of Smithville Parks & Recreation

512.237.3282 Ext. 7

www.ci.smithville.tx.us

Office Use Only: Cash: \$ _____ CC: \$ _____ Check: \$ _____ # _____ Receipt #: _____

Date Received: _____ BC _____ Staff Initial _____