

Page Youth Center Coed Volleyball Fall League



- Coed 2nd – 8th grades
- Divisions: 2nd/3rd, 4th/5th/6th, 7th/8th
(Subject to change)
- Starts: Monday, Sept. 13th
- Ends: Wednesday, Dec. 1st
(No practice on Nov. 24)
- Time: 4:00-5:30pm
- Every Monday and Wednesday
(Practices and scrimmages)
- 3 Saturday Tournaments
(Oct. 9th, Nov. 13th, Dec. 4th)
- Experienced coaches
- At: Page Youth Center
4540 Hollister Ave.,
Santa Barbara, CA 93110



- Cost is \$325.00
- Deadline for registration
September 8th.
- Checks payable to Page
Youth Center
- Registration form on back



PYC
The Place to Be

For more information,
please visit our website at
www.pageyouthcenter.org
or call 805-967-8778



PYC FALL VOLLEYBALL LEAGUE

PLAYER INFORMATION/LIABILITY FORM

PLAYER _____ BOY ___ GIRL ___
LAST FIRST MIDDLE

DATE OF BIRTH _____ AGE _____ GRADE _____ SCHOOL _____

PARENT'S NAME _____
(Relationship to child if different)

ADDRESS _____
STREET CITY ZIP

ADDRESS (If Different) _____

TELEPHONE _____
HOME CELL WORK

EMAIL: Mother _____ Father _____

EMERGENCY CONTACT _____
NAME TELEPHONE

SPECIAL REQUESTS _____

- I understand a fee of \$15.00 will be charged for any returned or insufficient funds checks.*

The Undersigned, as parent or legal guardian grant approval for _____, a minor to
Minor's Last Name, First Name (please print clearly)

participate in Page Youth Center programs and release Page Youth Center, employees and/or presenters, and their assistants from any liability arising from his/her participation in these programs. In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending licensed physician, surgeon, or dentist and performed by or under the supervision of a licensed physician or surgeon.

I hereby authorize any hospital that has provided treatment to the above named minor to surrender physical custody of such minor to the Page Youth Center representative. This authorization is effective until **Dec.7, 2010** unless revoked in writing.

IT IS THE INTENTION OF THE UNDERSIGNED, BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE RELEASEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY LOSS OR DAMAGE, AND WRONGFUL DEATH CAUSED BY NEGLIGENCE.

The undersigned acknowledges that he/she is aware that by signing this waiver, release and indemnity Agreement, he/she KNOWINGLY AND VOLUNTARILY WAIVES ALL RIGHTS TO ASSERT ANY AND ALL CLAIMS WHATSOEVER FOR ANY PERSONAL INJURY, PROPERTY LOSS OR DAMAGE, OR WRONGFUL DEATH AGAINST THE RELEASEES.

Photo Release: I understand from time to time Page Youth Center representatives may photograph activities of the Page Center programs and participants. By signing this form, I authorize Page Youth Center to use on their website, facebook or publish in articles or ads any photographs taken by PYC representatives showing my child's/children's participation.

I acknowledge that I have read the foregoing and that I am aware of the legal consequences of this agreement.

Father's signature Date Mother's signature Date Guardian's signature Date

For Official Use Only: Paid - Cash _____ Check # _____ Credit Card _____