

2009 Volleyball Registration Form

Kennett Area Park & Recreation Board

Instructions:

1. Fill out this form completely and return with full payment.
2. If you are registering more than one child, fill out a form for each child separately.
3. Registration is non-refundable.
4. To download forms or information, go to www.kaprb.com
5. Questions.....call 610-444-6314

Please return this form & payment to:

Joe Meola
100 Salasin Drive
Avondale, PA 19311

Applicant Name: _____ Gender: Female Male
Home Address: _____
City: _____ State: _____ Zip: _____ Birthdate: _____
Township: _____ *You must check which Township you reside or registration will not be processed!*
 New Garden Kennett Borough Kennett Township E. Marlborough Other _____
Home Phone of Player: _____
Father's Name: _____ home: _____ work: _____
mobile: _____
Mother's Name: _____ home: _____ work: _____
mobile: _____
Email 1: _____
Email 2: _____
Name of School as of 9/1/08: _____ Grade Entering as of 9/1/08: _____

KAPRB Volleyball Registration Fee \$30.00

Please make check payable to: KAPRB**DATES: March 3 - April 27, 2008 (No gym April 7th)****TIMES: Tuesday Nights from 6:30pm - 8:00pm****LOCATION: Kennett Middle School Gym****WHO: 9th - 12th grade boys and girls****EQUIPMENT: Knee pads and volleyball****Parent Volunteers are needed: _____**

1. In consideration for being permitted by Kennett Area Park and Recreation Board (KAPRB) to participate in the 2009 KAPRB Volleyball Program, I hereby waive, release, and discharge any and all claims for damages for personal injury and property which I may have, or which may hereafter accrue to me, as a result of participation in this program. This release is intended to discharge in advance KAPRB (its officers, employees and agents) from any and all liability arising out of negligence or carelessness on the part of the person listed above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. I agree to indemnify and to hold KAPRB free and harmless from any loss, liability, damage, cost, or expense which may incur as the result of any injury or property damage that I may sustain while participating in said activity.

2. I am fully aware that KAPRB carries no medical insurance for any participant and I am solely responsible for securing my own medical care if required.

Parent/Guardian Signature: _____ Date: _____**Print Name of Parent/Guardian: _____**

Official Use Only:

Registration No. _____ Check # _____ Amount: _____ Date: _____