



Time is running out!

CO-ED SUMMER VOLLEYBALL REGISTRATION

Register for this year's summer volleyball league via mail by downloading the registration forms from our town website: www.stjohin.com or in person at the Town Hall during regular office hours, 8am to 4pm.

Registration must be completed by April 8th

DEADLLINE.

NO LATE REGISTRATION WILL BE ACCEPTED!

Call: 219-365-6236 for information.

Three leagues will be formed by grade of 2016-2017 school year.

Grade categories are:

Group A- 4th, 5th & 6th grades

Group B- 7th & 8th grades

Group C- High School

Schedules and teams will be determined by enrollment. Teams will play two evenings a week (Wednesdays and Sundays), beginning in June, with the season ending by early August.

FEE: \$55 St. John Resident \$60 Non-resident

Each additional child same family: \$20 off

VOLUNTEERS ARE NEEDED TO COACH THE TEAMS. PLEASE VOLUNTEER!

Need new players!



Instructions to register by mail:

Download the application form and the registration form. Complete both forms, send a check payable to the Town of St. John and mail to: St. John Parks and Recreation Department / Volleyball

9350 Hack Street, Bldg. #2

St. John, IN 46373

This registration can also be deposited in the night box at the Town Hall; or taken to the Town Hall Office during regular office hours!

APPLICATION TO PLAY IN ST. JOHN PARKS AND RECREATION SUMMER VOLLEYBALL LEAGUE 2016

PLEASE PRINT:

NEW PLAYER ___ RENEW PLAYER ___

PLAYERS NAME: _____

DATE OF BIRTH: _____

MONTH/DAY/YEAR

ADDRESS: _____

M / F _____

CITY/

STATE / ZIP

SHIRT SIZE: YM YL YXL AS AM AL AXX AXXX

SCHOOL ATTENDING FALL: _____

GRADE ENTERING THIS FALL: _____

ONE REQUEST TO BE WITH: _____

REQUESTS ARE NOT GUARENTEED, WE DO OUR BEST!

PLEASE LIST ANY PHYSICAL OR MEDICAL SPECIAL NEEDS OR NOTES:

I/We, the parents or legal guardian of the above-named participant, hereby gives me/our approval to participate in the St. John volleyball league. I/ We know that participation in the volleyball league may result in serious injuries, I/we, do herby waive, release, absolve, indemnify and agree to hold harmless the St. John volleyball league, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount of covered by accident or liability insurance.

PARENT/ GUARDIAN SIGNATURE

DATE

EMAIL: _____

DAY TIME PHONE: _____

CELL PHONE: _____

I WOULD LIKE TO HELP AS A COACH OR ASSISTANT COACH: YES

PRINT NAME: _____ COACH WITH: _____

DAY TIME PHONE _____ EMAIL _____

EMERGENCY CONTACT:

PHONE: _____

MAIL APPLICATION WITH REGISTRATION FORM and CHECK TO:

ST. JOHN PARKS & RECREATION DEPARTMENT, 9350 HACK STREET, BLDG. #2, ST. JOHN, INDIANA, 46373

FEE: \$ 55 St. John Resident \$60 non-resident

Any additional child same family: \$20 off

Make checks payable to: Town of St. John

REGISTRATION FORM

NAME: (Please Print) _____ DAY PHONE: _____
First Last
 ADDRESS: _____ CELL PHONE: _____
 CITY: _____ STATE: _____ ZIP: _____ EMAIL: _____

PLEASE PRINT

PARTICIPANTS NAME (Include last name if different than above)	GRADE	AGE	DATE OF PROGRAM	ACTIVITY	PROGRAM #	FEE

DATE _____

NO REFUNDS

TOTAL _____

CASH _____ CHECK # _____ OTHER _____ E.F.T. _____ CC/B.C. _____

STAFF _____

Approved by the State Board of Accounts for Town of St. John 2004

WAIVER AND RELEASE OF ALL CLAIMS

I, the undersigned participant, or parent or guardian of a participating minor child, acknowledge the risk of personal injury, death, damage and loss associated with participation in any and all activities associated with the above program(s). I assume the full risk of personal injury, death, damage and loss associated with participation in any and all activities associated with this program(s). In consideration of the permission to participate granted to me or my child or ward, I hereby release the Town of St. John, Lake County, Indiana, the Town of St. John Park & Recreation Department, and their respective officers, agents, and employees, (collectively "St. John") from any and all actions, causes of action, damages or claims which I, my heirs, executors, administrators, or assigns, or my child's/ward's heirs, executors, administrators, or assigns, may have against St. John for any personal injuries, death, damage, or loss resulting from, or in any way associated with, participation in this program(s).

I, the undersigned participant, or parent or guardian of a participating minor child, have read this waiver and release and fully understand the terms of same and the details of the program(s). I execute this waiver and release with the full knowledge of its terms and significance.

Signature: _____ Date: _____
(Parent or guardian, if the participant is a minor)