



2024 YOUTH SUMMER VOLLEYBALL REGISTRATION FORM

Parks Department Phone: 219-365-6236 | Fax: 219-559-2032
parks@stjohnin.com

Get ready for another summer of sand volleyball at Heartland Park! The league is co-ed for grades 5-12 (2024-2025 Academic Year). The league will be divided into two divisions; 5-8 and 9-12. Games will be played on Wednesday and Sunday evenings starting June 8. Volunteer coaches are needed! If you are interested in coaching, please call us at 219-365-6236 or parks@stjohnin.com. If you are interested in coaching, please indicate on the form below or call 219-365-6236/email parks@stjohnin.com.

LEAGUE INFORMATION

League Division (2024/2025 Academic Year) (Please Circle Division Below)		League Dates		League Fee
Junior Grade 5-8 th	Senior Grade 9-12 th	Start June 9	End August 11	\$75 per player
Will you like to Mangle/Head Coach a team? (Please Circle Choice Below)		Will you Assistant Coach a team? (Please Circle Choice Below)		League Location
Yes	No	Yes	No	Heartland Park Sand Courts

REGISTRATION: PARENT/LEGAL GUARDIAN

Last Name:		First Name:		Date of Birth:	
Address:		City:		State:	Zip:
Home Phone:		Cell Phone:		Work Phone:	
Email Address:					

PARTICIPANT'S NAME

Last Name	First Name	D.O.B.	T-Shirt Size	School	Grade (2024-2025)	Fee
TOTAL						

REQUEST

Teammate Request:	Coach Request:
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*PLEASE NOTE REQUESTS ARE NOT GUARENTEED

WAIVER AND RELEASE OF 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/Guardian for participants under 18)

OFFICE USE ONLY

Cash: _____ Check #: _____ EFT: _____ CC: _____
Receipt #: _____ Staff: _____ Date: _____