



CITY OF VILLA GROVE
2022 YOUTH 5TH/6TH GRADE GIRLS VOLLEYBALL REGISTRATION

PLAYER'S NAME _____

PARENT/GUARDIAN(S) _____

ADDRESS _____

DOB _____ AGE _____ CURRENT GRADE _____

PHONES: HOME _____ CELL _____ WORK _____
(Specify Mom or Dad) (Specify Mom or Dad)

EMAIL _____

Circle the appropriate uniform size (Y= Youth / A= Adult): YS YM YL YXL/AS AM AL AXL

DEADLINE FOR RETURN TO THE CITY IS NOVEMBER 4, 2022 AT 4:00 P.M.
LATE FEES WILL BE ASSESSED ON 11/05/22

Forms can be mailed to PO Box 108, Villa Grove IL 61956-0108, dropped off from 8:00 a.m. to 4:00 p.m. Monday - Friday at the Administrative/Billing Office at 120 N. Main. Online payments can be made at www.villagrove.org, click on Make a Payment under Helpful Links. If this method is used, please indicate your payment confirmation number below. Questions can be emailed to rec.program@villagrove.org.

Practice is TBA by coach. Games are TBA.

If interested in coaching, please sign here _____

Check (✓)

On-time Fee \$40
Late Fee \$50

ABSOLUTELY NO LATE SIGN-UPS AFTER NOVEMBER 7TH

PAYMENT METHOD: CASH CHECK NO _____ EPAY _____
Payable to City of Villa Grove Payment Confirmation No.

WAIVER ~BACK OR SECOND PAGE~ MUST BE COMPLETE AND SUBMITTED WITH THIS FORM OR SIGN-UP WILL BE DELAYED. PLEASE REVIEW FOR ACCURACY AND ANY MISSED BLANKS.

City of Villa Grove Recreation Program 2022 INJURY WAIVER/MEDICAL FORM

Player's Name _____ Incoming Grade/Level _____

Player's Physician _____ Physician's Phone _____

Hospital Preference (if applicable) _____

IN CASE OF EMERGENCY, CONTACT:

Name _____ Phone _____ Cell _____

Relationship to Player _____

Name _____ Phone _____ Cell _____

Relationship to Player _____

Medical Information:

Allergies (Medications, insect stings, etc.) _____

Medical Conditions (Asthma, Diabetes, etc.) _____

Baseball, basketball, football, soccer, softball, volleyball and wiffle ball are exciting sports which may involve collisions with other players, the ball, or the ground. The sport is sometimes played in extreme weather. Because of these conditions, players are exposed to the risk of serious injury. Injuries could include, but are not limited to, broken bones, concussions, paralysis, damage to internal organs and even death. Such injuries can result in short term loss of function and/or long-term impairment of physical abilities. In an effort to make the games listed above as safe as possible, the coaches of this team will teach the players the skills and rules of the sport. Players must follow the coaches' instructions, rules, and policies to reduce the possibility of injury. Team rules/policies are also explained to players.

IN CONSIDERATION for the right to participate in the City of Villa Grove's Recreation Program, I hereby agree to the following: I understand any recreation activity, including the one for which I am registering myself/my child, involves certain risks to their personal safety and property or the safety and property of others. I agree to assume any and all risks associated with participation in this activity. I further understand that participation in recreation activities requires certain skills and capabilities. I agree it is solely my responsibility to ensure that my/my child's health is adequate, and capabilities are sufficient to participate in these activities. I hereby waive any claim I might have against the City of Villa Grove and its officers, employees, agents, servants, insurers, and all representatives and sponsors arising out of their participation in this activity. Furthermore, I hereby agree to release and hold harmless the City of Villa Grove and all other sponsors from any claim brought by a third party due to my/my child's participation in these activities. I understand I/he/she may be photographed and give permission for such to publicize activities for the Recreation Program. In the event of an emergency, I give consent for me/my child to be taken to and treated at the nearest medical facility, understanding every effort will be made to contact the emergency contact person set forth above. In such event, I shall be solely responsible for all medical expenses associated with medical care.

I hereby state and certify that I am aware of the RESTORE ILLINOIS phased plan for the COVID-19 pandemic recovery; I agree that my child will comply with regulations such as masking, social distancing and other rules as required by the program and/or state and federal law.

Parent/Guardian Signature _____ Date _____