

## McClave Volleyball: 2021

Participant Name: \_\_\_\_\_

Male / Female      Age: \_\_\_\_\_      Date of Birth: \_\_\_\_\_      Grade Level: \_\_\_\_\_

Address: \_\_\_\_\_

Father: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Mother: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**(Please Circle the Best Contact Number Above):**

Email Address of Parents/Guardians: \_\_\_\_\_

***(Emergency Contact needs to be someone not living in the home)***

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

**Jersey Size (Circle One):**    Youth   Sm   Med   Lg    Adult   Sm   Med   LG   XL   XXL

### Participant Fees:

- \$35 fee per individual sport per player (\$25 for each additional family participant per activity)
- **Late Registration Fee: \$50.00 per player (Registration start date 11.18.19 and ends 12.6.19)**
- Coaches will receive one free participant fee per team they coach.
- Coaches will receive a FREE family (Quarterly) membership to the Bent County Community Center!

### Additional T-Shirt Order

If you wish to purchase additional shirts to show your support for your child's team you may do so below. Additional t-shirts will not be ordered until paid for in full. T-shirts will be the same color as your child's team and have the same logo on front. All profits will help support youth activities.

Size	YS	YM	YL	AS	AM	AL	XL	XXL \$5 extra	XXXL \$5 extra	Sub Total
T-Shirt (\$12)										
Long Sleeve T (\$16)										
Sweatshirt (\$25)										
Jersey									<b>Total \$:</b>	

Paid Check \_\_\_\_\_ Paid Cash \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_ BCRL Agent  
Check # \_\_\_\_\_

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**MUST COMPLETE OTHER SIDE OF FORM**

**Conditions for Participation in BCRL Activities:**

I hereby release and absolve the Bent Count Recreation League, the City of Las Animas, Bent County and all its employees or agents of same from any claims arising from injury received by the participant involved in this activity, whether due to negligent acts or omissions of said parties, other participants or otherwise.

In case of accident or illness, I hereby authorize a representative of the BCRL to use his/her judgment in obtaining immediate medical care.

I understand that some teams may travel to other towns for games and/or tournaments. I understand that it is my responsibility to provide or arrange transportation for my child(ren) to out of town games.

Participant Obligations: As with any extracurricular activities, education comes first. All participants must attend a full day of school before participating in any BCRL organized event.

*By signing below as parents/guardians/participants, you agree to the above conditions as listed on this form. Failure to comply may result in any or all of the following: suspension of participation in upcoming events, dismissal from the team, or the participant and or family no longer permitted to participate in BCRL sponsored events.*

**General Participant Waiver**

**Acknowledgement and Waiver of Liability**

**City of Las Animas, Las Animas School District, Bent County and  
Bent County Recreation League**

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Event/Activity: Bent County Youth Volleyball

As a participant in the above-named event or activity, I am doing so at my sole risk. Insurance coverage of any type is not provided by the county, its Board of County commissioners, appointed boards, its employees, its agents or its assigns, regarding any injury, loss of liability that may arise through the participation in this activity.

I fully understand and agree that if I use any of my personal property while participating in this event or activity, the county will not provide insurance coverage or be financially responsible should damage or loss occur.

By signing this Acknowledgement and Waiver of Liability, I agree to abide by all rules and regulations pertaining to this activity. I further agree and understand that the county is not responsible for my actions and I release and absolve the county from any liability associated with this event.

**Scholarship applications:** The parent/guardian will be required to complete an application for a BC Rec scholarship. Scholarships are limited for each sport and will be awarded case by case. To ensure these scholarships are effective we ask that applicant families please complete all required paperwork.

We **VALUE all volunteers** and if your family would like to help during the season please **circle** the area you prefer.

- **Head Coaching/Assistant Coaching**
- **Concessions**
- **Officiating/Chains**

Other \_\_\_\_\_ Donation amount: \$ \_\_\_\_\_

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Parent or Legal Guardians Printed Name

Date

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Parent or Legal Guardians Signature

Date