

City of Madison Parks & Recreation Department
2011 Little League Volleyball Application
4th, 5th, and 6th Grade Boys and Girls



Activity Fee - \$50.00
Activity Late Fee - \$20.00
All fees and registration forms must be returned to the Madison Parks Office located at the Brown Gym
Madison Parks Department
(Mailing Address) 101 W. Main St.,
Madison, IN 47250
(812) 265-8308
Make checks payable to
Madison Parks Dept.

Application Deadline: September 2, 2011
Maximum players per team will be 12

Name _____

Address: _____

City, State, Zip: _____

Parents Names: _____

Phone #: _____ Email: _____

School Attending: _____ Grade: _____ Age: _____ Date of Birth: _____

Emergency Contact (Other than Parents): _____ Phone: _____

- T-shirt Size**
- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Youth Small – (6-8) | <input type="checkbox"/> Adult Small |
| <input type="checkbox"/> Youth Medium – (10-12) | <input type="checkbox"/> Adult Medium |
| <input type="checkbox"/> Youth Large – (14-16) | <input type="checkbox"/> Adult Large |
| | <input type="checkbox"/> Adult XL |
| | <input type="checkbox"/> Adult XXL |

Special Requests to play on specific team(s) and /or Coaches will not be honored.

Interested in Coaching Yes _____ No _____ Name: _____

I hereby certify that _____ is in normal health and is capable of participating safely in the youth programs of the Madison Parks & Recreation Department. The undersigned waives all claims rising out of the program which he/she may ever have against the City of Madison Parks & Recreation Department, its successor and assigns, and its officers, directors, shareholders, employees and agents and their heirs, executors and administrators. I also grant permission to seek emergency care and be treated by an emergency room physician in the event of an injury to my son or daughter in my absence.

Parents Signature: _____ Date: _____ / _____ /2011