

**For Office Use Only:**  
**Amount Paid:** \_\_\_\_\_  
**Circle: Cash Check Card**  
**Scholarship: Yes No**



City of Anderson Parks and Recreation  
**Girls Volleyball Contract**

Date: \_\_\_\_\_

Do you live in or pay Anderson City taxes? Yes No

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
(if different from home address)

Preferred Contact Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent or Legal Guardian's Name: \_\_\_\_\_

May we contact you at work? Yes No Work Phone Number: \_\_\_\_\_

**PARTICIPANT MUST BE COVERED UNDER SOME TYPE OF INSURANCE.**

List any medical/physical condition that your child has that we need to be aware of:

\_\_\_\_\_

Please circle the correct shirt size for your child. What you circle is what we will order for your child. We are unable to make changes once the order is placed.

Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL XXL

Team Played on last year: \_\_\_\_\_ Do you wish to return? \_\_\_\_\_

Would you like to assist with this program as a volunteer coach? Yes No

List any volleyball experience you may have: \_\_\_\_\_

\_\_\_\_\_

**Please sign on back of form.**

I hereby release the City of Anderson, its coaches, sponsors, and the Recreation Department from any and all liability from damages arising from injuries received by the foresaid player at the present or which may occur in the future while she participates in/or travels to this activity.

I have insurance to cover said participant. I understand that no insurance coverage will be provided by the City of Anderson.

**I also understand the following refund policy: Full refund with the exception of a \$10 administrative fee charge, until one week after advertised registration period is complete. After the one week period, NO REFUNDS WILL BE ISSUED.**

**I understand that there is a \$30 service charge on all returned checks. This fee, as well as all original charges, must be paid in cash before my child will be allowed to participate.**

I understand that my child will not be allowed to switch teams once the rosters are set for the season. If I have a problem with a coach or team, I understand that the complaint must be put in writing for review by the Recreation Department.

I understand that my child must attend practice on a regular basis in order to play in games and in order to avoid any disciplinary action. I understand that I must notify the coach in case of an absence.

I also understand that I must get my child to practice/games on time and pick them up on time. I understand that Law Enforcement may be contacted if I fail to pick up my child as discussed in the previous statement.

I hereby give my permission to the City of Anderson to take and use pictures or videos of myself and/or my dependent(s) while participating in programs or using the facilities or equipment. I further give my consent to the City to use such pictures or videos for advertising purposes by the City of Anderson or on its behalf. I agree that there will be no compensation paid for their use.

I acknowledge that the staff of the Anderson Parks and Recreation Department will review this contract for its accuracy. If any of the information is discovered to be false, I fully understand that this contract will be declared null and void and this player will not be allowed to participate.

I agree to conduct myself in a sportsmanlike manner at all times. I understand that this is expected of players, parents, and other family members or friends and that the Recreation Department staff has the authority to remove anyone violating this stipulation without discussion.

I certify that I have read this contract, understand its provisions, and that the information is accurate.

---

Parent or Guardian's Signature

### Scholarship Program Available

The scholarship program is based on level of income.

If interested, please ask for application.

How did you hear about this registration?

\_\_\_\_\_ Flyer in mail    \_\_\_\_\_ Flyer from school    \_\_\_\_\_ TV    \_\_\_\_\_ Billboard  
\_\_\_\_\_ Facebook    \_\_\_\_\_ City Website    \_\_\_\_\_ Coach    Other \_\_\_\_\_



**Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The City of Anderson “COA” has created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, COA cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending any program may increase your child(ren)s risk of contracting COVID-19.

.....

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may have been exposed to, or infected by COVID-19 by attending the COA program, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the COA program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, COA employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)s attendance at the COA program. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless COA, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of COA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any COA program.

---

Signature of Parent/Guardian Date

---

Print Name of Parent/Guardian Name of Participant(s)