



TREC Girls Volleyball

2012

Registration

Jan 3 – Feb 3

Offered To:	Girls 8-14 (2 age groups)
Registration Location:	Peltier Park Recreation Center 8:00am-Noon & 1:00pm-4:00pm
Online Registration:	www.ci.thibodaux.la.us
Fee:	\$30

Season

Season:	Mar 26-May 1
Tournament:	May 7 and 8
Game Location:	Warren J. Harang Auditorium

In House Clinics by Nicholls Players!!

(For more information, please call the Recreation Dept. at 446-7235)

Thibodaux Recreation Department

Youth Girls Volleyball Registration Form Ages 8-14

LAST NAME:	FIRST:	MIDDLE INITIAL:
FIRST TIME TREC PARTICIPANT: () Y OR () NO		
If No, how many years in program?		
DATE OF BIRTH:	AGE (AS OF 5/31/12):	
ADDRESS:	CITY:	ZIP:
T-SHIRT SIZE: []YS []YM []YL []YXL []AS []AM []AL []AXL []AXXL		
FATHER'S NAME:		
MOTHER'S NAME:		
HOME PHONE #: (MOTHER):		(FATHER):
WORK PHONE #: (MOTHER):		(FATHER):
EMAIL ADDRESS:		
LIST ANY MEDICAL PROBLEMS OF THE PLAYER:		
PERSON TO NOTIFY FOR EMERGENCY:		
DOCTOR TO NOTIFY FOR EMERGENCY:		
ALL REGISTRATION FEES ARE NON-REFUNDABLE UNLESS PROGRAM IS CANCELLED		
FEE \$30.00		
METHOD OF PAYMENT— [] CASH [] CHECK NO. _____		
Sign here to coach your child's team:		

Make check payable to TREC—Mail to P. O. Box 5418, Thibodaux, LA 70302

PARENTAL AUTHORIZATION

I, parent or guardian of the above-named candidate for a position in above-mentioned volleyball programs, hereby give approval to his/her participation in any and all league activities during the current season to include practice prior to season and tournament participation after current season. I assume all risks and hazards incidental to such participation in activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent or local league organization, governing board, the organizers, sponsors, officials, supervisors and participants in such activities, for any claim arising out of an injury to the individual, except to the extent and in the amount covered by accident and/or liability insurance held by the local league.

I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medial clinic should the individual become ill or injured while participating in league activities away from home, or at any other times when neither parent is available to grant authorization for emergency treatment.

I am aware that this is an active and many times contact sport, and there is a possibility of injury as well as possible serious and permanent damage to the individual. Knowing this, I give my permission for my son/daughter to participate in the City of Thibodaux Youth Volleyball Program.

Print or Type Name of Parent or Guardian

Relationship

Signature

Date

Code of Conduct applies to everyone, including parents and spectators, who participates in any activity sponsored by the Recreation Department of the City of Thibodaux.

1. No alcoholic beverages or illegal drugs are permitted on the premises (buildings, playgrounds, parking lots, and on and near baseball fields).
2. All participants -- players, parents, coaches, and sponsors -- should behave in a polite and sportsmanlike manner and respect the authoritative decision of an official. Abusive language and cursing is prohibited.
3. No one shall hit another person before, during, or after activity.
4. No one shall deliberately damage Recreation Department equipment.
5. Any person violating any rule will be temporarily or permanently banned from all Recreation Department activities.

NO SPECIAL TEAM OR COACH REQUESTS!!!!!!