

H.Y.A.L. 5th-7th Grade Fall Volleyball

Sept. 10th, 12th , 17th, 19th & 24th Clinics. Draft on 26th @ WHB

Elementary 5:00-6:00- 5th grade , 6:15-7:15- 6th and 7th grade . Practices and games start Oct. 1st- Oct. 29th.

Player's Name _____ Gender _____

Attending School _____

Grade _____ Experience _____

List any medical problems _____

Parent/guardian name _____

Home phone _____ Cell _____

E-mail 1 (print neatly) _____

E-Mail 2 _____

Emergency contact:

Name _____ Phone _____

HYAL is a volunteer league. If you are interested in coaching please provide your contact information

Email _____ Phone _____

Jersey size: Youth ____ Sm ____ Med. ____ large \$15.00

Adult ____ Sm ____ Med. ____ large \$15.00

I/We assume all risks, incidental to such sport participation including transportation to and from activities. I/We do waive, release , absolve the organization, supervisors and participants from any claim arising out of injury to my child, except, to the extent and in the amount covered by accident or liability insurance. Additionally I give my consent for medical care prescribed by a licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. Date _____ Sign _____

Make Cks Payable to **H.Y.A.L** Registration \$90.00, Jersey \$15.00

Mail to: HYAL, 110 Lewis Road, East Quogue, NY. 11942 **Deadline 8/1**