

# Chilton Youth Volleyball Program



Name of Player: \_\_\_\_\_

Parent Email: \_\_\_\_\_

September 11, 18, 25 and October 2 from 3:30pm to 5pm

Youth Night is October 3<sup>rd</sup>

4:45 game at the high school for 4<sup>th</sup> graders

Player's Grade: K    1    2    3    4    (Circle one)

Player's T-Shirt Size: YS    YM    YL    YXL    AS    AM    AL    AXL

Player Fee: \$30            Cash            Check

\*Fee includes instruction and T-Shirt

\*Please make checks payable to Chilton Booster Club or CBC

~~~~~

## Emergency Contact Information

Name: \_\_\_\_\_ Relation to Player: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Player: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Concerns that Program Staff should be aware of (allergies, inhalers, epipen, etc.):

---

---

---