

# Chilton Recreation Volleyball Program



Name of Player:

\_\_\_\_\_

Parent email:

\_\_\_\_\_

Player's Grade:    5    6    (Circle one)    (Grade for upcoming fall)

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

Player Fee: \$40            Cash            Check

\*Fee includes practice, games, and T-Shirt

\*Please make checks payable to CBC

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## Emergency Contact Information

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

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

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

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

Are you willing to help coach: \_\_\_\_\_

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

If you are not able to make the meeting please email [Jody Disher disherjody@gmail.com](mailto:Jody Disher disherjody@gmail.com)