

Name: _____ **Age:** _____ **DOB:** _____

Address: _____ **Phone:** _____

City / State / Zip: _____

What school do you attend? _____

Release: In consideration of acceptance to participate in this youth volleyball league, I waive any and all claims for myself and my heirs against YWCA Bristol and/or any employees, officers, representatives, or agents of this organization, for any injury or illness which might directly or indirectly result from my participation.

Participant's Signature

Parent or Guardian Signature

Mail registration form, with \$25 entry fee, to YWCA Bristol, 106 State Street, Bristol, TN 37620

Shirt size: youth S, M, L, XL or adult S, M, L, XL (circle one)