

City of Mineral Wells Parks and Recreation
Youth Volleyball Team Registration

Team Name: _____

Season: ***Spring 2020***

Head Coach: _____ Number: _____

Coaches: _____

Age Division: _____

Head Coach Email: _____

Price: **\$320.00**

Receipt # _____ PARD: _____

**All players must have a completed waiver on file that must be submitted with the roster prior to the season beginning

Name	Phone	Address	Signature	Waiver	DOB
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					