

City of Mineral Wells Parks and Recreation
Youth Volleyball Team Registration

Team Name: _____ Season: Fall 2020 Head Coach: _____ Phone #: _____ Shirt Size: _____
Coaches: _____ Age Division: _____ Head Coach Email: _____

Price: \$320.00 Asst Coach: _____ Phone #: _____ Shirt Size: _____
Asst Coach Email: _____
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	Shirt Size	DOB
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						