

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 |
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