City of Mineral Wells Parks and Recreation
Youth Volleyball Team Registration

Team Name: _____ Season: ***Spring 2021*** 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						