

**City of Mineral Wells Parks and Recreation
Youth Volleyball Team Registration**

Team Name: _____ Season: **Fall 2021** 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					