

City of Mineral Wells Parks and Recreation
Youth Volleyball Team Registration

Team Name: _____
Coaches: _____

Season: **Spring 2022** Head Coach: _____ Number: _____
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 |
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