

# City of Mineral Wells Parks and Recreation

## Youth Volleyball Team Registration

Team Name: \_\_\_\_\_ Season: **Spring 2022** 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					
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10					
11					
12					