



# ORION VOLLEYBALL LEAGUE

## Registration-Fall 2011

The registration fee for the 2011 season is \$25.00 for the first family member and \$15.00 for each additional family member if received/posted by Friday August 5<sup>th</sup>. The fee will be used to pay for equipment and team shirts.

We will start practices in early September. Games will be played on Saturdays in September and October. Teams are formed by age: 4<sup>th</sup> grade, 5<sup>th</sup> grade, and 6<sup>th</sup> grade.

Mail to: Orion Volleyball League, P.O. Box 6, Orion, IL 61273 by Friday August 5<sup>th</sup>. You may also give the form and registration fee to Carrie McCunn. Please fill out one form for each child.

**FOR MORE INFORMATION PLEASE CALL:** Carrie McCunn 526-3839

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Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Grade in fall 2011 \_\_\_\_\_ home phone \_\_\_\_\_ cell phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian name (please print) \_\_\_\_\_

Parent e-mail address \_\_\_\_\_

T-shirt size (circle one): Youth M – Youth L – Adult S - Adult M – Adult L – Adult XL

**ATTENTION** - Volunteers are needed; please mark below if you are able to help in these areas:

\_\_\_\_\_ coach a team  
\_\_\_\_\_ assistant coach  
\_\_\_\_\_ referee games (can be older sibling, coach or parent)

### Waiver of Liability

I, the undersigned parent or guardian of \_\_\_\_\_, agree on my applicant's behalf, that the Orion Volleyball League and all individuals associated with the league or participating in the league's programs in any capacity whatsoever, will not be liable for any injuries, or causes of action of any kind arising out of my applicant's participation in such programs, and hereby release the league and all individuals from all such claims or liabilities.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

### Waiver of Insurance

I, the undersigned parent or guardian of \_\_\_\_\_, hereby inform the Executive Board, Orion Volleyball League, that we have adequate medical insurance to cover our son/daughter while engaged in volleyball practices, volleyball games, or any other activities of the Orion volleyball League. We further inform the Executive Board of the Orion volleyball League, that we will not hold it responsible for ambulance, hospital, or other medical expenses incurred should our son/daughter be injured in volleyball practice, volleyball games, or any other activities of the Orion volleyball League.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**DEADLINES:** Friday August 5<sup>th</sup> - \$25.00 per family member. Fill one form for each child. Make checks payable to: Orion Volleyball League. Mail to Orion Volleyball League, P. O. Box 6, Orion, IL 61273