



# KENSTON COMMUNITY EDUCATION GIRLS VOLLEYBALL REGISTRATION SPRING 2010



## ENROLLMENT LIMITED TO KENSTON SCHOOL DISTRICT RESIDENT

Season runs Mid March – Mid May

<p><b>CHOOSE ONE:</b> (Grade School Year '09-10)</p> <p><input type="checkbox"/> 1-2 Grade A</p> <p><input type="checkbox"/> 3-4 Grade B</p> <p><input type="checkbox"/> 5-6 Grade C</p> <p><input type="checkbox"/> 7-8 Grade D</p> <p>Register online at www.kenstoncommunityed.org course #2006.21</p>	<p>REGISTRATION FEE:</p> <p><b>Early Registration Thru 2/11</b></p> <p><b>\$70.00</b></p> <p>Registration \$80.00</p> <p>Make checks payable to: Kenston Community Education 17425 Snyder Road Chagrin Falls, Ohio 44023</p>	<p><b>VOLUNTEERS NEEDED:</b></p> <p><input type="checkbox"/> I would like to be a head coach.</p> <p><input type="checkbox"/> I would like to be an assistant coach.</p> <p>Name _____</p> <p>E-mail _____</p>
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Participant Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Age \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Ability:  Beginner  Average  Above Average

Name of Father: \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Primary Contact:  Father  Mother  Other \_\_\_\_\_

Primary Contact E-mail address \_\_\_\_\_ @ \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

(Other than parent/guardian)

Physical Restrictions/Allergies \_\_\_\_\_

**Release of Liability  
Medical Treatment Consent**

In consideration of the Auburn Bainbridge Recreation Board (AKA: Kenston Community Education; KCE) providing sponsorship and /or providing facilities for this program and /or Kenston Board of Education ("Board") providing facilities, I hereby release and hold harmless and agree to indemnify KCE and/or the Board and their employees, agents, and representatives from any and all claims, costs, damages, and liabilities for injuries or property damage sustained or caused by me or my ward while participating in any program offered by KCE. I understand that fees do not include accident or personal property insurance. I further represent that I am, or my child or ward is, physically capable of participating in the program based upon consultation with my or my child's or ward's, personal physician.

Further, in the event of any injury, I hereby give my permission and consent and authorize emergency first aid and/or medical and/or hospital care or treatment for myself and/or my child/ward if deemed necessary by qualified medical or emergency personnel or by said employees, agents or representatives of KCE, and further agree to assume all expenses for said treatment.

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

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

**SPONSORS**

For your donation of \$150 you will receive your company name on the back of your child's teams shirt as well as **your child's team named after your company**. Contact the Kenston Community Education office at 440-543-2552 for more information or:

**I am interested!**

**Please contact me at: Name:** \_\_\_\_\_ **I can be reached at:** \_\_\_\_\_