

PLAYER INFORMATION

*Please Print Clearly!
All Fields Must Be Completed!*

First Name _____

Last Name _____

Gender Male / Female

Date of Birth _____

Grade _____

School _____

Address 1 _____

City/St/Zip _____

E-Mail _____

Phone 1 _____

Phone 2 _____

Height _____

Total Years of Volleyball Played _____

Shirt Size - Select One Size (**they run small**)

YM (10-12) YL (14-16)

AS AM AL AXL

Parent's Signature Required

All players participate in games, tournaments, etc. at their own risk. LYS is not responsible for accidents, injuries, or lost equipment.

X

NOTICE: Parent signature is REQUIRED on both sides of the registration form.

VOLUNTEER INFORMATION

Thank you!

First Name _____

Middle Name _____

Last Name _____

E-Mail _____

Phone 1 _____

Phone 2 _____

I am interested in :

Coaching Assistant Coaching

Date of Birth _____

APPLICATION FOR VOLUNTEER COACHING POSITION

LYS screens potential coach's backgrounds to provide protection for our kids. The screening process includes a police record search performed by the Washington State Patrol. This process could result in your application being rejected however a criminal conviction will not necessarily result in automatic rejection as both the nature of the offense and when it occurred will be considered by the LYS Board's screen committee.

We appreciate the fact that this is an intrusion into your personal affairs but ask for your understanding and cooperation as LYS strives to provide quality recreational opportunities for the youth of Lynden.

WAIVER

By signing this form, the applicant also acknowledges that it is understood that the information provided will be given to the Washington State Patrol to be used in a check of the applicant's background. The applicant agrees not to hold Lynden Youth Sports or the Washington State Patrol liable if this application is rejected on the basis of the information revealed through the background check.

Volunteer's Signature Required

X

SPONSOR INFORMATION

Team Sponsorship fees help with gym rentals, referees, trophies, and miscellaneous expenses.

Co. Name _____

Co. Address _____

City/St/Zip _____

E-Mail _____

Phone 1 _____

Check # _____ Bill Me

SHIRT COLOR PREFERENCE

Consideration given for fee paid in advance.

1st Choice _____

2nd Choice _____

Please include \$100.00 Sponsorship fee with this application and mail to:

**LYS
P.O. Box 10
Lynden, WA 98264**

Save a stamp, check and envelope!
Register and pay for your sponsorship online!

The district does not sponsor this event and the district assumes no responsibility for it. In consideration of the privilege to distribute materials, the Lynden School District shall be held harmless from any cause of action filed in any court or administrative tribunal arising out of the distribution of these materials, including costs, attorney's fee and judgments or awards.

Distribution Authorized by _____
Date _____

LYNDEN YOUTH SPORTS VOLLEYBALL REGISTRATION

Registration Fee: \$40

Registration Deadline: July 29, 2017

Registration Fee After Deadline: \$45

(First come, first serve after deadline)

Lynden Youth Sports volleyball is for girls & boys entering 5th - 10th grade in the fall of 2017.

This year's volleyball program will be divided into three age groups: 5th & 6th grades, 7th & 8th grades, and a 9th & 10th grade level.

YOU WILL NEED ATHLETIC TYPE SHOES WITH GOOD ANKLE SUPPORT AND NO BLACK SOLES. COURT SHOES ARE RECOMMENDED. KNEEPADS ARE RECOMMENDED BUT NOT REQUIRED.

All games & practices will be played at Lynden Middle School. Games/practices will be held on Saturdays and one weeknight

Only one child per registration, please. Additional forms can be printed from our website. Photo copied forms will be accepted as long as all information is complete and signatures are original. Special requests may not be honored. **Notice: Parent signatures are REQUIRED on both sides of this registration form.**

Player and Sponsor registration/payment are now being accepted online!

Visit our website at:

www.lyndenyouthsports.com

Click on the "online registration" link!

Mail completed Registration Forms to:

LYNDEN YOUTH SPORTS

PO Box 10

Lynden, WA 98264

For further information, contact LYS at:

Phone: 360-354-0597

Online: www.lyndenyouthsports.com

E-Mail: lyndenyouth@gmail.com

RELEASE AND INDEMNIFICATION AGREEMENT

In consideration of a reduction of rental fees that might otherwise be chargeable for use of the LYNDEN SCHOOL DISTRICT NO. 504's athletic facilities, including gymnasiums, and for other good and valuable consideration, the undersigned executing this agreement either individually or as a parent or guardian on behalf of a child or ward, hereinafter referred to collectively as "Member" of the LYNDEN YOUTH SPORTS, which will be using such athletic facility or facilities, covenants and agrees as follows:

1. "Member" by using said athletic facility, certifies that he or she is cognizant of all the inherent dangers associated with participating in such athletic activity and/or using such athletic facility and that such use may result in injury or other damages to "Member" or his or her family, heirs or assigns, and in with such use and further agrees to release the LYNDEN SCHOOL DISTRICT NO. 504, its Board of Directors, administrators and employees, including instructors, from all claims for personal injuries, property damage, loss of service or expenses of any nature whatsoever, arising out of or occurring as a result of "Member" use of said LYNDEN SCHOOL DISTRICT athletic facility.

2. Without limiting the generality of the foregoing, the undersigned "Member" individually and on behalf of his or her child or ward, further agrees to indemnify and hold harmless the LYNDEN SCHOOL DISTRICT NO.504, its Board of Directors, administrators and employees from any and all claims, suits, liability, loss or damages of any kind or nature "Member" individually and on behalf of his or her child or ward may suffer as a result of or arising out of the use of any athletic facility, including school gymnasiums, of the LYNDEN SCHOOL DISTRICT by said member of their child or ward.

3. "Member" further states that he or she is lawful age and legally competent to sign this release and indemnification Agreement or is the parent or legal guardian of a child who will be using said athletic facility and is authorized to sign said Release on behalf of such child or ward.

4. "Member" further states that he or she has viewed the athletic facility of the LYNDEN SCHOOL DISTRICT and considers the facility safe for the intended use.

5. "Member" further states that he or she will obtain medical insurance with coverage for any injuries up to \$5,000.00 as a precondition to using the districts athletic facilities or that he or she has existing medical coverage of like Amount with _____ insurance company.

6. That said "Member", parent or guardian, understands that the terms herein are contractual and not a mere recital and that said "Member" parent or guardian has signed this document as his or her own free act.

Parent's Signature Required

X



VOLLEYBALL

2017 Season

GRADES 5/6, 7/8, 9/10

Registration Fee: \$40.00

**Registration Deadline:
July 29, 2017**

Registration Fee After Deadline: \$45.00
(First come, first serve after deadline)

****Attention Players and Sponsors!****

Register & Pay Online!

Visit our website at:

www.lyndenyouthsports.com

**Click on the "online registration"
link!**