



Athletics Division

COED VOLLEYBALL REGISTRATION FORM

Team\_\_\_\_\_

Player's Name\_\_\_\_\_

Address\_\_\_\_\_

Street Address/City/Zip code

Age:\_\_\_\_\_ Birth date\_\_\_\_\_ e-mail address\_\_\_\_\_

Shirt Size\_\_\_\_\_

Phone: (Home)\_\_\_\_\_ (Work)\_\_\_\_\_

PLACE OF EMPLOYMENT:\_\_\_\_\_

I hereby agree to play\_\_\_\_\_

(Sport or Activity)

\_\_\_\_\_ for the season of\_\_\_\_\_

(TEAM)

(YEAR)

I fully understand the New Bern Parks & Recreation Department, the league or any sponsor cannot be held responsible for accidents incurred by my participation.

SIGNATURE\_\_\_\_\_ DATE\_\_\_\_\_

(Void if not signed by player)