

OTRD Queens of the Court Volleyball

(208) 678-6879 Email: jvanbiezenotrd@gmail.com



ONE Participant PER FORM

Fee: \$40

Participants Name: _____

Birth Date: ____/____/____

Current Grade (circle one): 7th 8th *Girls ONLY

Shirt sizes
(Circle one)
YS 6-8
YM 10-12
YL 14-16
AS
AM
AL
AXL

Parent/Guardian's Names: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Mom Cell: _____ Dad Cell: _____ TXT? _____

Email: _____

Any Medical Condition we need to be aware of? _____

AGREEMENT, WAIVER AND RELEASE: In consideration for allowing myself to participate in the above OTRD activity, I DO HEREBY WAIVE, RELEASE AND FOREVER DISCHARGE THE OTRD, their agents and assigns from all liability, claims or demands on account of any injury to said minor or damage to or loss of property while traveling to, participating in or attendance at any OTRD activity. It is my understanding that there is no insurance coverage provided by the OTRD and ALL PARTICIPANTS ASSUME THE RISK OF ACCIDENTS, death, disability, illness, personal injury, property damage, theft, or actions of any kind which may hereafter occur including travel to and from events. I also, give permission to Oregon Trail Recreation District, sponsors, and partners to use my likeness, photo, video, name, voice, and words in the newspaper, website or appear in any public forums.

Signature _____ Date _____

(ONLY A PARENT OR LEGAL GUARDIAN MAY GIVE PERMISSION FOR A CHILD TO PLAY)

Tournaments will be played Saturdays.

Feb. 25th, March 5th, & March 11th

- Tournaments will be played around the Magic Valley

Cash: _____

Check #: _____