



Volo City Kids League Registration

For additional questions, please contact info@volocityfoundation.org
 1215 E Fort Ave Suite 006 Baltimore, MD 21230

How did you hear about Volo City Kids?	
<input type="checkbox"/>	Internet Search
<input type="checkbox"/>	Friend
<input type="checkbox"/>	School
<input type="checkbox"/>	Social Media
<input type="checkbox"/>	Email

PLAYER INFORMATION

Player First Name:		Player Last Name:			
Home Address:		City:	State:	Zip:	
Parent/Guardian Name:					
Parent/Guardian Email:		Cell phone:			
Parent/Guardian Name:					
Parent/Guardian Email:		Cell phone:			

EMERGENCY CONTACT – we will only contact this person if Bmore Kids is unable to reach parent/guardian

Emergency Contact Name:					
Emergency Contact Relation:					
Emergency Contact Phone & Email					

PROGRAM DETAILS

Sport: _____	Day of the Week: _____	Grade: ____	Gender: ____ M ____ F
Location: _____		Age: _____	Birthdate: _____

Any Friend Requests? _____

HOW DID YOU HEAR ABOUT US?

Is this your first season with us? _____

Which seasons/sports have you participated in previously? _____

What school do you go to? _____

INJURIES, ALLERGIES & PICK UP INFORMATION

Does your child have any injuries or allergies we should be aware of?	
Who will be picking up your child at the end of the session?	

PARENT/GUARDIAN, SEE REVERSE SIDE OF THIS FORM & SIGN/DATE



PERMISSION TO PLAY

As parent/guardian I release above named child to participate in current VOLO CITY KIDS program. I release VOLO CITY KIDS/agents from any liability for injury resulting from participation. I will reimburse VOLO CITY KIDS for any unreturned equipment/gear. I agree to abide by and uphold VOLO CITY KIDS rules, policies and procedures, including but not limited to the VOLO CITY KIDS harassment policy, to respect the decisions of coaches and officials made in the course of performing their duties and to assume full responsibility that the child I am registering and all of our family members and guests do the same. I acknowledge that if I fail to do so, the child I am registering fails to do so, or any of our family members and guests fail to do so, I, the child and/or, any of our family members or guests may be removed and barred from any and all VOLO CITY KIDS practices and events, that the child I am registering may be removed from the VOLO CITY KIDS program, that I may be barred from registering children for any future VOLO CITY KIDS activities and that the child I am registering may be barred from registering for any future VOLO CITY KIDS activities. I also agree that VOLO CITY KIDS' dispute resolution and arbitration procedures are the sole and exclusive means for finally resolving any and all disputes with VOLO CITY KIDS, including, but not limited to claims arising out of federal and state discrimination laws. I understand and I am giving up any right I might otherwise have to present disputes to a court and receive protections available in traditional court proceedings. I understand that I may review a current copy of all applicable rules, policies and procedures any weekday during VOLO CITY KIDS regular working hours at its business location.

Authorizations

I hereby assign and grant VOLO CITY KIDS the right and permission to use and publish the photographs/film/videotapes/electronic representations and or sound recordings made of me or my child during all VOLO CITY KIDS activities for promotional purposes and hereby release VOLO CITY KIDS from any and all liability from such use and publication.

DISABILITY ACCOMMODATION

Does the participant need any accommodation for a disability?
Please contact a customer service representative and we will make every effort to make accommodations.

***By signing below, I agree that I have read and understand the
Permission to Play, and Authorizations***

Signature of Parent/ Legal Guardian

Date