## WABASH VALLEY FAMILY SPORTS CENTER YOUTH FALL VOLLEYBALL 2022

r 26 <sup>™</sup> (PROGRA	M BEGII	NS IN Oc	tober)	
PHONE:	_ PHONE:			
		1		
AGE:		GRADE:		
YOUTH:	S	м	L	XL
ADULT:	S	Μ	L	XL
CH? YES		NO		-
	PHONE: AGE  YOUTH: ADULT:	PHONE: AGE: YOUTH: S	PHONE: GRADI	AGE: GRADE:  YOUTH: S M L ADULT: S M L

1. I PERMIT MY CHILD TO ENROLL IN THE WABASH VALLEY FAMILY SPORTS CENTER VOLLEYBALL PROGRAM. I WILL NOT HOLD WVFSC, ITS STAFF OR VOLUNTEERS LIABLE FOR ANY ACCIDENT, INJURY, OR PANDEMIC DURING THE PROGRAM.

- 2. Games will be played on Sunday Late Afternoons/Early Evenings
- 3. Practices will be available every Wednesday
- 4. Live Streaming will be included
- 5. NO REFUNDS

PARENT SIGNATURE: \_\_\_\_\_

PLEASE DROP OFF OR MAIL TO WVFSC PO BOX 297 SEELYVILLE, IN 47878							
CASH AMOUNT:	CHECK AMOUNT:	CHECK #					
	RECIEPT #:	DATE:					

CANNOT	ACCEPT	FORM	WITHOUT	PAYMENT