

Cedar Lake Park & Recreation Department

P.O. Box 707

7408 Constitution Ave.

Cedar Lake, IN 46303

(219)-374-4444

2009 Fall Volleyball Registration

FEE: \$30.00 per student

This includes a T-Shirt

Student's Name _____

Address _____

City/Town _____

Phone _____ Cell _____

Gender _____ Birth date _____

Current Grade _____ School Now Attending _____

E-Mail Address _____

Parents _____

Emergency Contact _____ Phone _____

Health/Physical Limitations _____

*It is the responsibility of the student to come prepared to practices with knee pads. These can be obtained on your own, or purchased through the Park's Department as a group for \$6.00 per pair.



Shirt Size: ___ Child's Sml (6-8) ___ Child's Med (10-12) ___ Child's Lrg (14-16)
 ___ Adult Sml ___ Adult Med ___ Adult Lrg ___ Adult X-Lrg

Would you like to assist with the program? (circle one) 1. Coach 2. Ass't Coach

AS GUARDIAN OF SAID CHILD, I WILL NOT HOLD THE CEDAR LAKE PARK AND RECREATION DEPARTMENT, BOARD, OR VOLUNTEERS FINANCIALLY RESPONSIBLE FOR INJURIES DURING THE PROGRAM.

Signature _____ Date _____

Paid by: Check _____ Cash _____