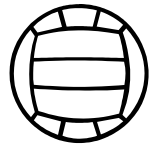




**BOYS & GIRLS CLUB  
OF MERIDEN**



# 2009 Youth Volleyball Lg. Registration

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Age as of 1/1/2009 \_\_\_\_\_

School \_\_\_\_\_ Sex: M F Grade \_\_\_\_\_

Previous Volleyball Experience \_\_\_\_\_

2008 Boys & Girls Club team (if applicable) \_\_\_\_\_

T-Shirt Size: YL AS AM AL AXL

I, a legal guardian of the above named candidate, do hereby give my permission for his/her participation in all of the activities for the upcoming season and attest to his/her physical capability. I hereby release and absolve the organizers, supervisors and coaches and waive all claims against them.

Guardian's Signature \_\_\_\_\_

**Please consider helping us out in one of the following areas:**

**Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Team Sponsor \_\_\_\_\_ (\$200)**

**Name \_\_\_\_\_ E- mail \_\_\_\_\_**

**Mailing Instructions:** Mail this from with a check for \$30 to:

Boys & Girls Club of Meriden  
15 Lincoln St.  
Meriden, CT 06451

**Please Note: If your child's membership expires prior to March 15, 2009 you must renew.**

Membership is \$40 for 1 year. Please include that amount and a completed membership form with your league registration fee, total \$70.

<b>STAFF USE ONLY:</b>			
Membership Expires: _____	Member #: _____	Paid: _____	Init: _____
		____ Cash	____ Check
		____ MC/Visa	