



ARLINGTON HEIGHTS PARK DISTRICT
YOUTH VOLLEYBALL WAIVER FORM

NAME _____ SCHOOL _____ GRADE _____

ADDRESS _____ PHONE _____

(circle one) MALE FEMALE

SHIRT SIZE (ADULT): S M L XL

VOLUNTEER PARENT INFORMATION (If you wish be a head or assistant coach, please fill out below.)

COACH _____ ASSISTANT _____
(First Name) (Last Name) (First Name) (Last Name)

Coaches are needed for all teams. We rely on parents and adults of our community to volunteer, thank you for your time and hard work. The AHPD will provide coaches with clinics and information to help assist you.

FRIEND REQUESTS _____

(NOTE: Friendship requests must be turned in together- maximum 3 per group. You will only be guaranteed to be on a team with those people. YOU MAY NOT REQUEST A COACH. For winter/spring sessions, fall teams will be kept together when warranted.)

EMERGENCY CONTACT FORM	
CHILD'S NAME _____	Program Dates/Season January- March 2009
ADDRESS _____	CITY _____ ZIP _____
PHONE _____	
PARENT'S NAME _____	PARENT'S NAME _____
HOME PHONE _____	HOME PHONE _____
PLACE OF WORK _____	PLACE OF WORK _____
BUSINESS PHONE _____	BUSINESS PHONE _____
CELL/PAGER NUMBER _____	CELL/PAGER NUMBER _____
EMERGENCY CARE:	
Please give the names of two adults other than parents that could be contacted in the event of an emergency:	
NAME _____	PHONE _____
NAME _____	PHONE _____
Family Physician _____	PHONE _____
List specific medical allergies, chronic illnesses, daily medications, or other conditions _____	

