



**Ontario Recreation Department  
Boys and Girls  
Youth Volleyball Registration  
September 7th – October 4th**

745 SW 3<sup>rd</sup> Ave or mail to 444 SW 4<sup>th</sup> Street, Ontario, OR 97914  
541-881-3260/541-881-3261

Child's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents Cell: \_\_\_\_\_ Home: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_

Children grades Pre-K through 8th are eligible to participate.

**Registration Fee:** \$28 (In City) or \$33 (Out of City).

**\*\* Any registration taken after October 4th will have a \$7.50 late fee.**

**• Program Dates, Times, & Location:**

Saturdays, October 7, 14, 21 & 28.

9:00 a.m. – 10:15 a.m. Pre-K, K, 1<sup>st</sup> & 2<sup>nd</sup>

10:30 a.m. – 11:45 a.m. 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> & 6<sup>th</sup>

Ontario Middle School Gym

*\*Please list any physical conditions the coach should be aware of or any restrictions of activity.*

\_\_\_\_\_

\_\_\_\_\_

**CITY OF ONTARIO, OREGON**

**ACKNOWLEDGEMENT AND RELEASE OF LIABILITY (UNDER 18)**

I, \_\_\_\_\_, request authorization for \_\_\_\_\_, my child/ward, to participate in a City of Ontario event. I acknowledge that participation by my child/ward is expressly conditioned on my agreement to each of the terms of this document. I acknowledge and agree as follows:

I recognize and acknowledge that there are risks of physical injury and I agree to assume the full risk of any injuries (including death), damages, or loss which my child/ward may sustain as a result of participating in any and all activities arising out of, connected with, or in any way associated with this activity. I acknowledge that participation in this activity is completely voluntary.

**I HEREBY FULLY RELEASE AND DISCHARGE THE CITY OF ONTARIO, ITS EMPLOYEES, OFFICERS, OFFICIALS, VOLUNTEERS, AGENTS AND INSURERS (COLLECTIVELY, THE "RELEASED PARTIES") FROM ANY AND ALL LIABILITY, CLAIMS, AND CAUSES OF ACTION FROM INJURIES OR ILLNESS (INCLUDING DEATH), DAMAGES OR LOSS WHICH MY CHILD/WARD MAY HAVE OR WHICH MAY ACCRUE TO MY CHILD/WARD ON ACCOUNT OF PARTICIPATION IN THIS ACTIVITY.**

I further agree to indemnify and hold harmless and defend the Released Parties from any and all claims resulting from injuries or illness (including death), damages, or loss, including, but not limited to attorneys' fees, sustained by my child/ward arising out of, connected with, or in any way associated with my child's/ward's participation in this activity.

I have been provided with rules, or rules have been made available to me, which govern my child's/ward's conduct at this activity and I agree my child/ward shall abide by those rules.

Any photograph or videotape taken of my child/ward by the City of Ontario may be used in various ways for outreach, education and documentation purposes, without compensation. This use could be in a brochure, shown at a public meeting, shown at a cable-aired meeting, provided as "snapshots" of events in the City Library Lobby, on the City's website and in many other venues.

**I have read and fully understand this Acknowledgement and Release of Liability set forth above, including that I am releasing claims for the negligence of the Released Parties.** I am 18 years old or older. This document is binding upon me and my heirs, executors, administrators, successors, assigns and anyone else entitled to act on my behalf.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

