



## Parental Consent Form

SPORT: Volleyball LEAGUE: \_\_\_\_\_

TEAM: \_\_\_\_\_

### PLAYER INFORMATION

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

In consideration of your accepting this Contract Sheet, I hereby, for myself, my heirs, executors, administrators and assignees, waive and release any and all claims which I may have against the Reading Recreation Commission this league, their agents, successors or assignees, by reason of injury suffered by me while a participant.

PLAYER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_  
(if player 18 years old or under)

DATE: \_\_\_\_\_