



TOWN OF ST. JOHN PARKS AND RECREATION

2021 CO-ED SAND VOLLEYBALL LEAGUE

GRADES 5-12 | REGISTER NOW!

2021-2022 ACADEMIC YEAR

START DATE: JUNE 9

LOCATION: HEARTLAND PARK

GAMEDAYS

WEDNESDAY & SUNDAY EVENINGS

***FEES**

ST. JOHN RESIDENTS: \$50

NON-RESIDENTS: \$60

*ADDITIONAL PARTICIPANTS OF THE
SAME FAMILY RECEIVE A \$20 DISCOUNT

**REGISTRATION IS AVAILABLE AT ST. JOHN TOWN
HALL DURING OFFICE HOURS. THE REGISTRATION
DEADLINE IS MONDAY, MAY 17, 2021.**

VOLUNTEER COACHES NEEDED

WWW.STJOHNIN.COM | 219-365-6236 | PARKS@STJOHNIN.COM



VOLLEYBALL REGISTRATION FORM

10955 W. 93rd Ave. | St. John, IN 46373

Clerk Office Hours: Monday – Friday | 7:30 am – 4:30 pm

Parks Department Phone: 219-365-6236 | Fax: 219-559-2032

Email: parks@stjohnin.com

PARENT/LEGAL GUARDIAN

Last Name:		First Name:		Date of Birth:		
Address:			City:		State:	Zip:
Home Phone:		Cell Phone:		Work Phone:		
Email Address:						

EMERGENCY CONTACT

Last Name:	First Name:	Phone:	Relationship:
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PARTICIPANT'S NAME

Last Name	First Name	D.O.B.	Male/Female	T-Shirt	School	Grade (2021-2022)	Fee
TOTAL							

REQUEST

Teammate Request:	Coach Request:
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***PLEASE NOTE REQUESTS ARE NOT GUARENTEED**

COACH

Would you like to help as a head coach or assistant coach?	YES	NO
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WAIVER AND RELEASE OF CLAIMS: I, the undersigned participant, or parent or guardian of a participating minor child, acknowledge the risk of personal injury, death, damage and loss associated with participation in any and all activities associated with the above program(s). I assume the full risk of personal injury, death, damage and loss associated with participation in any and all activities associated with this program(s). In consideration of the permission to participate granted to me or my child or ward, I hereby release the Town of St. John, Lake County, Indiana, the Town of St. John Park & Recreation Department, and their respective officers, agents, and employees, (collectively "St. John") from any and all actions, causes of action, damages or claims which I, my heirs, executors, administrators, or assigns, or my child's/ward's heirs, executors, administrators, or assigns, may have against St. John for any personal injuries, death, damage, or loss resulting from, or in any way associated with, participation in this program(s). I, the undersigned participant, or parent or guardian of a participating minor child, have read this waiver and release and fully understand the terms of same and the details of the program(s). I execute this waiver and release with the full knowledge of its terms and significance.

Signature: _____ Date: _____
 (Parent/Guardian for participants under 18)

OFFICE USE ONLY

Cash: _____ Check #: _____ EFT: _____ CC: _____

Receipt #: _____ Staff: _____ Date: _____