

Fall 2019 Recreation Program for Girls Volleyball City of Chardon

Please register on web site at www.chardon.cc
or by mail! Advance registration is necessary

Complete the Registration Form on the reverse side and mail to:

**RECREATION DEPARTMENT
CITY OF CHARDON
111 WATER STREET
CHARDON 44024-1201**

Girls Volleyball - Grades 5 & 6

This program is designed to introduce and teach the fundamentals of volleyball to 5th and 6th grade girls. The program will emphasize teamwork, good sportsmanship, and basic volleyball rules and regulations. All registrants will receive a volleyball t-shirt.

The program will begin with instruction sessions (in September) building the basic skills necessary to play the game. Beginning in October, the girls will be given the opportunity to play intramural games to prepare them for recreational league play. The awards night will be held on Tuesday October 22nd, at 7:15pm in the Chardon Middle School Cafeteria.

Please note that parental volunteers are needed for this program (no experience is necessary, just a willingness to help the children in this program), contact Chris Benson at 286-9896 or Adam Rogers at 286-2630.

Location: Chardon Middle School Gym (use rear S.E. entrance)

Fee: \$60 per registrant

Time: Mondays 7:00 to 8:30pm

Tuesdays 7:00 to 8:30pm

Dates: September 9, 10, 16, 17, 23, 24, 30

October 1, 7, 8, 14, 15, 21, 22

October 22, will be the awards night in the Chardon Middle School Cafeteria at 7:15pm

Volunteers are needed to allow this program to operate properly, please offer your help!!! (Experience is not required, just a willingness to help the children learn)

Contact Chris Benson 286-9896 or Adam Rogers at 286-2630

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Girls Volleyball Registration Form

Girls Volleyball Grades 5 & 6 _____ \$60

Registrant's Name _____ Date of Birth _____ Grade _____

Address _____ City _____ Zip _____

Parent/Adult Name _____ Primary Phone # _____

Secondary Phone # _____ Email Address _____

Fee \$60/participant included \$ _____ (Make checks payable to the **City of Chardon**)

Please Circle Shirt Size: Youth S / M / L or Adult S / M / L / XL

Please list any health problems the participant has, so our staff can be informed.

I am willing to volunteer and assist with this program. _____ **YES** _____ **NO**

(No experience is required, just a willingness to help the children in the program)

STATEMENT OF WAIVER *must be signed and dated below.*

1. The undersigned is registering individually or as the Parent/Legal Guardian of a minor child or both. As used below, registrant is an adult registering for an activity individually or as a Parent/Legal Guardian of a minor child.
2. Recognizing the possibility of physical injury associated with the use of the recreational facility and engaging in the activity and program, and in consideration of the City of Chardon and Parks and Recreation Department accepting registrant for its programs and activities, the undersigned hereby assumes any risk and releases, discharges, and otherwise indemnifies the City of Chardon, its employees and agents, including the owners of the facilities utilized by the City, against any claim for injuries received by the registrant as a result of participation in the program and activity or use of the City's recreational facilities or during transport to or from same, which transportation is hereby authorized.
3. The undersigned hereby gives consent for emergency medical care prescribed by a duly licensed physician or doctor of dentistry. This care may be given under whatever circumstances are necessary to preserve the life, limb, or well-being of the registrant.

Print Name of Parent/Legal Guardian _____ Date _____

Signature of Above (**required**) _____ Relationship to Minor(s) _____

In the Event of an Emergency Contact:

Mother _____ Telephone Number _____

Father _____ Telephone Number _____

NOTE: ALL PROGRAMS WILL BE CANCELED IF SCHOOL IS CLOSED DUE TO POOR WEATHER CONDITIONS.

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Check No. # _____

Receipt No. # _____