

Western Plains Recreation Commission

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www.facebook.com/WesternPlainsRec/

TO: Parents of Girls In Grades 3, 4, or 5
DATE: August 31, 2017
RE: Rec Volleyball Program

We will offer a recreational volleyball program for girls in grades 3, 4, & 5 this fall for USD #106 if there is enough interest.

Please let me know if your daughter(s) will be participating by signing up online or by sending the registration form back to school with your child, and I can collect from there.

THE MAIN PURPOSE OF THIS PROGRAM IS TO PROVIDE AN ENJOYABLE AND POSITIVE LEARNING EXPERIENCE FOR ALL PLAYERS. VOLUNTEER COACHES WILL WORK WITH THE TEAMS.

We expect 2 games to be played, to be determined. We will try to work around school and community-related conflicts. All players will be placed on one team; we will be playing against Ness City Rec Teams. There will not be a fee to participate, but each child will need knee pads.

THE DEADLINE FOR ALL PLAYERS TO BE PROPERLY REGISTERED IS Friday, September 8th

WHAT YOU NEED TO DO IF YOU HAVE A CHILD PARTICIPATING IS AS FOLLOWS:

- 1) Contact me and to register your child, send back this registration form (back of this page) or go online to www.westernplainsrec.org.
- 2) If you have questions or need further information, please contact me : Krista LaRocque (785) 203-6483

GIRLS VOLLEYBALL REGISTRATION FORM

COMPLETE ONE FORM PER CHILD

A PHYSICAL EXAM IS REQUIRED FOR ALL PARTICIPANTS AT LEAST EVERY TWO YEARS

Please circle one: T-Shirt Size: Youth SM / Med / L / XL

Adult SM / Med / L / XL / 2XL / 3XL

Participant's Name _____

Grade _____ Age _____

Address _____

Date of birth _____

City _____ State _____ Zip _____

Parent/Legal Guardian's Name _____

Best contact phone number _____ May we text you? Yes / No

Email Address _____

IN CASE OF EMERGENCY

Contact # 1

Contact # 2

Name _____

Name _____

Address _____

Address _____

Home # _____

Home # _____

Cell # _____ Work # _____

Cell # _____ Work # _____

Participant's Allergies: _____

Participant's Medical Conditions: _____

MEDICATIONS CANNOT BE GIVEN TO ANY CHILD OR ANYONE EMPLOYED BY WESTERN PLAINS RECREATION COMMISSION.

Name of Participant's Physician _____

Physician's Telephone _____

WAIVER OF LIABILITY RELEASE FORM

I am aware of the nature of this activity and I hereby assume responsibility for _____
(Participant's Name)

to participate and to be photographed for publicity purposes. I will not hold the NESS COUNTY, THE WESTERN PLAINS RECREATION COMMISSION and/or its employees responsible in the case of accident or injury as a result of this participation. I understand that this completed form must be in the possession of the Surry County Department of Parks and Recreation prior to participation in this program.

Parent/Legal Guardian Signature _____ Date _____