Wallace County Recreation Youth Volleyball 2021

Ages: 1st - 5th grade

- Cost-$15.00 per child. Make checks payable to Wallace County Rec
- Return to the rec and leave in the locked drop box outside
- Fridays after school @ WCHS Jr. High gym ---- September 10, 17, 24
- 1st-3rd grade 3:30-4:30pm 4th-5th grade 4:30-5:30pm
- Form MUST BE COMPLETED and TURNED IN by Friday, Sept 3rd to guarantee a shirt
- **4th-5th grade girls only** will have a scrimmage with Weskan Youth Volleyball on Saturday, Oct. 2nd at 9:30am.

SHIRT SIZE: YS YM YL AS AM AL AXL (circle one)

Child's Name:_____
Parents Name/s:_____

Address:_____
Street City/Town Zip Code

Phone No.:_____ Date of Birth:_____ Age:_____
Email:_____

Child have any medical problems that the rec dept should be made aware of? ____yes ____no

If yes, please explain:
_____

I authorize my child to participate in the 2021 Wallace County Recreation Department Youth Volleyball Clinic.

_____ _____
Signature Date

Would you be interested in **volunteering to coach/assist during the volleyball clinic**? If so, write your name, contact info,and preferred age group.

_____
Name Phone/email Age group

We the parent(s) of the above named minor, who is participating in a Wallace County Recreation Department activity, hereby give my/our approval to his/her participation in any and all of the activities during the current season.

I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities; I/We further hereby release, absolve, indemnify, and hold harmless the Wallace County, Wallace County Recreation Department, the employees, the organizers, volunteers, sponsors, and the supervisors, and/or all of them.

In case of injury to my/our child, I/We hereby waive all claims against the organizers, the sponsors or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our child to or from the activities. The undersigned specifically acknowledge that the risk of injury exists and assume the risk with respect to practicing for or participating in any contact exhibition or an athletic or sports matter sponsored by the Wallace County Recreation Department.

I DO_____ DO NOT _____give permission to Wallace County Recreation Department to use photographs and video taken of the above listed minor during the games and events associated with the Wallace County Recreation Department in any manner to help promote the department's activities.

Initials_____