



# Youth Volleyball

## 2019

- Games to be held on Monday nights through April 8th.
- Practices/clinics to be held on Sunday afternoons.
- Registration must be in no later than Monday, February 18<sup>th</sup>
- Each player will need their own set of kneepads!

Girls & boys, learn the basics of volleyball, good sportsmanship, fair play, and have **FUN**. Fees paid provide each player with a team shirt and a medal. For more information please contact the CCC at 806-323-5254 or [Ike@canadiancommunitycenter.com](mailto:Ike@canadiancommunitycenter.com).

**Ages: 3<sup>rd</sup> – 8<sup>th</sup> Grade**

**\$10 Fee on all late registration!**

**Cost: \$30 per Child / Members**

**\$55 per Child / Non-Members**

**At The CCC financial assistance is available for any child in need!**

_____	_____	_____	_____	_____
CHILD'S NAME	AGE	GRADE	M	F
_____	_____	_____	_____	_____
PARENT'S NAME	BEST PHONE #	SECONDARY PHONE #		
_____	_____	_____	_____	_____
EMERGENCY CONTACT IN CASE PARENTS CANNOT BE REACHED	PHONE # 1	PHONE # 2		

List any medical problems or other concerns: \_\_\_\_\_

Shirt size: Youth: \_\_ XS \_\_ S \_\_ M \_\_ L \_\_ XL      Adult: \_\_ S \_\_ M \_\_ L \_\_ XL

I hereby give consent for the Canadian Community Center to secure any and all necessary emergency medical care for my child, in the event that I cannot be reached. I hereby for my child waive and release any/or all claims against the Canadian Community Center, staff, and/or volunteers of this program in connection with my child's participation in this program. I hereby certify that my child is in normal health and capable of participating in volleyball.

Photo release:

I grant the Canadian Community Center (CCC), the right to take photographs of me and my family in connection with the above-identified event. I agree that the CCC may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

\_\_\_\_\_  
SIGNATURE - PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE

<p><b>Notice to Volunteers:</b> Background check is required.</p>
-----------------------------------------------------------------------

\_\_\_\_\_ **will be a volunteer Assistant Coach**  
NAME

\_\_\_\_\_ **will be a volunteer Referee**  
NAME

Canadian Community Center  
905 E. Cheyenne Ave.  
P.O. Box 1106  
Canadian, TX 79014  
(806)323-5254

[Ike@canadiancommunitycenter.com](mailto:Ike@canadiancommunitycenter.com)