

YOUTH VOLLEYBALL

Youth Volleyball is a program available this year and it will include 3rd – 6th graders. Boys and girls can participate. Complete this registration form and return it along with the registration fee to the GARNETT RECREATION CENTER. All registrations must be signed by a parent or legal guardian – NO EXCEPTIONS! If there are any questions please feel free to contact Phil Bures at City Hall (785) 448-5496.

***The youth volleyball program is going to be set up in a clinic format the first few weeks will be instructional and then the players will be split up and they will play games against one another. We have not yet determined the day of the week yet this is dependant on the number of teams. We are looking at Mondays at this time though. We will know more after registration is complete. We are trying to advance our programs and this is a step in that direction. If you have any questions please feel free to call Phil Bures at City Hall 448-5496

REGISTRATION FEE: \$30.
REGISTRATION DEADLINE: August 26, 2018

CITY OF GARNETT RECREATION PARENT/GUARDIAN CONSENT FORM AND MEDICAL TREATMENT AUTHORIZATION

NAME OF CHILD _____ MAILING ADDRESS _____
STREET ADDRESS _____ CITY _____
HOME PHONE _____ CELL PHONE _____ WORK PHONE _____
SEX: MALE/FEMALE (Circle One) DATE OF BIRTH: ____/____/____ AGE: ____
GRADE: _____ EMAIL: _____

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|---------------------|---------------|--------------|--------------|--------------|
| JERSEY SIZE: | Youth X-Small | Youth Small | Youth Medium | Youth Large |
| (Circle One) | Adult Small | Adult Medium | Adult Large | Adult XLarge |

Parent's Name: (Print) _____ Phone: _____
Please list any medical conditions: _____

TO WHOM IT MAY CONCERN: In the event that the above named child is taken to an emergency room or medical care facility in my absence from attendance of volleyball at any time during the entire season, my child's team coaches, or any member of the Garnett Recreation staff, has my consent to authorize treatment for this child by a doctor(s) and/or medical personnel which may be deemed necessary.

I, the undersigned, do hereby acknowledge that I have given my child permission to participate in volleyball with full knowledge of the risks involved and I hereby agree to assume those risks and to hold the City of Garnett, all of their officers, employees, coaches, officials, volunteers and team sponsors free from liability for any injury, harm or complication of any kind.

Furthermore, I do understand that accident insurance is NOT provided by, and I hereby agree to assume full responsibility for any and all expenses resulting from any accidents or injuries suffered by the above named child while participating in football.

"The City of Garnett does not discriminate against any person on the basis of race, color, national origin, or handicap in the operation of any program, activity, or facility."

SIGNATURE: _____
RELATIONSHIP: _____ DATE: _____

Go to www.rainedout.com and search for City of Garnett Recreation, and receive texts about Garnett Recreation program updates and game cancellations.