

# Youth Volleyball

Huxley Parks and Recreation Department

## WHO

All youth boys and girls in 3rd thru 6th grade are encouraged to sign up for this program.

## WHAT

This is the 2008 youth volleyball program. Melissa Wycoff will return for her second year instructing the program. Melissa will be assisted by the Ballard Varsity Volleyball

# 2008

## Age 3-6 Grade

## WHERE

All practices and games will be held in the 3C's gym.

FOR INFO CALL: 515-597-2515

## WHEN

Practices will be on Monday and Wednesday nights starting at 6:45. Games will be held on Saturday mornings starting at 9:00. Practices will be on August 25 & 27, September 3, 8, 10, 15, 17, 22, 24 & 29, October 1, 6 & 8. Games will be held on September 6, 13, 20 & 27, October 4 & 11.

## HOW

You can sign up by filling out the registration below. Registration for members is \$20.00 per child and for non-members \$25.00 per child. There will be a late fee of an additional \$10.00 for any registration received after August 22. Registration includes a team t-shirt and season ending awards. You can turn in your registration form by one of the following ways.

1. Mail to: Huxley Rec. Dept. / 515 North Main / Huxley, IA 50124
2. Bring to Huxley Rec. Dept. during business hours
3. Drop off in the city's 24 hr. drop box on the North side of the parking lot at 3C's (city hall.)

## OTHER

This league is set up so that every player plays. Sportsmanship will be emphasized and having fun is a must. If you or someone you know is unable to afford our programs please call Josh Larsen at 597-2515. The city will grant a scholarship to those who qualify.

**SIGNUP DEADLINE IS AUGUST 22**

### General Information

### 2008 Youth Volleyball

Please mark if you can help ref on Saturday mornings: yes \_\_\_ no \_\_\_

Participant: \_\_\_\_\_ Guardian: \_\_\_\_\_

Ph#: (home) \_\_\_\_\_ (cell): \_\_\_\_\_ (work): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Program: Spring Soccer Cost: \$20.00 member \$25.00 non-member Grade: \_\_\_\_\_ Gender: M / F

Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation with participant: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital: \_\_\_\_\_

Please list any and all medical conditions, and/or medication you or your youth presently has or had and is of concern. (IE: allergies, asthma, inhaler, or chronic conditions): \_\_\_\_\_

I hereby give permission for my child (or myself) to participate in the above registered program activity and certify that my child (or myself) is physically fit to join in the activities. I will not hold the City of Huxley or its appointed staff responsible in care of accident/injury or loss as a result of participation in these activities. All measures will be taken to contact the parents or emergency contact in the event of an emergency. In the event the listed participant requires medical and/or surgical care while I am unable to be reached, I hereby give consent for medical and/or surgical care to the listed doctor or their designee to provide this care. I agree to pay the entire costs contingent on any emergency medical care and/or treatment for the child.

T-shirt size: circle those that apply

YOUTH — Small Medium Large

ADULT — Small Medium Large X-Large



Signature of participant/parent if under age 18

Date