



# YOUTH SPORTS

## YOUTH VOLLEYBALL LEAGUE

This program is for grades 3rd—8th interested in learning the fundamentals of volleyball in a 6-game recreational league with a single elimination championship tournament. Practices will be held on week-nights at Ray-Pec School District Facilities near or in Peculiar. All players receive a uniform jersey and participation award. A coaches meeting will be held before practices begin. If interested in coaching, please mark the appropriate section on the registration form.

3rd—8th grades

Registration Deadline  
Friday, August 19th  
Register by Aug. 5th for a \$10  
discount

\$75 per player

Purchase a Tachikara Volleyball  
for \$35

Player First Name _____	Player Last Name _____	Grade _____	Birth Date _____/_____/_____	Age _____	Boy: _____
Primary Parent/Guardian (first / last) _____		Parent/Guardian (first / last) _____	Email address: _____		
Address _____		City _____	State _____	Zip _____	
Phone (home) _____	(Cell) _____	(Work) _____			
Shirt Size: (Circle One)    YS    YM    YL    AS    AM    AL    AXL    (School) _____					

Player Ability: Please rank your child's ability to play Volleyball. It is important that you try to be as honest as possible.

- \_\_\_\_\_ 1) Very good at all aspects and/or Competitive Volleyball Player - # of Years \_\_\_\_\_
- \_\_\_\_\_ 2) Can do a little bit of everything, but not great at any one skill
- \_\_\_\_\_ 3) Average player, does what is asked to do, has a pretty good idea of how to play
- \_\_\_\_\_ 4) Still working on the skills, likes to play but has a hard time contributing in a game
- \_\_\_\_\_ 5) 1<sup>st</sup> year of playing organized Volleyball or still learning a lot every time they practice or play games

**Return Form – Mail or Drop-Off**

Peculiar City Hall  
C/O Parks & Recreation  
250 S. Main Street  
Peculiar, MO 64078

My family and I hereby waive and release the City of Peculiar and the Raymore-Peculiar School District from claims for damages and/or injuries incurred while participating in or as a spectator at a City sponsored event. We understand and agree that the School District offers no liability or medical insurance coverage to participants of City-sponsored programs held in School District facilities. I also agree, as a participant, or as the parent of a minor participant, to grant full permission to the City to use my name, photograph, videotape or recording for promotional purposes on activity flyers, newsletters, program guides and recreation related city-owned websites. All photographs, images or video material will be taken with City equipment and stored on City computers/servers. These things I authorize without obligation or liability to me or my family.

Parent/Guardian Signature _____	Printed Name _____	Date _____
---------------------------------	--------------------	------------



**LEAGUE COACHES ARE NEEDED!** Please indicate that you are interested in coaching or assisting by completing the information below.

All Coaches must pass a background check to be eligible to coach in any Peculiar Parks & Recreation League.

Coach's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_