Peculiar parks & recreation

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.

Divisions:
3rd/4th, 5th/6th, 7th/8th

Registration Deadline
Friday, March 9th

$75 per player
Register by Feb. 16th for a $10 discount

_____ _____ _____ ___/___/___ _____ Boy: _____
Player First Name | Player Last Name | Grade | Birth Date | Age | Girl: _____

_____ _____ _____
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) 1st 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: _____