



Volleyball League 2020 Grades 2-5

Volleyball forms are being accepted at the Slater school office (**ONLY UNTIL THE DEADLINE**) and the High Desert Park and Rec. office at Ponderosa Village. **You may drop the forms and fees in our red drop box. Deadline to sign up is February 26, 2020.**

Adults wishing to coach can contact the HDPR Office. The 2nd-3rd grade players will have a volleyball clinic on March 10th at 4pm-5pm at Hines Middle School. The 4th- 5th grade players will have a volleyball clinic on March 10th as well, at 5pm-6pm at Hines Middle School. **Players will need forms and fee turned in to participate in clinics.** Practices and games will begin the following week. **There is a \$25.00 fee per player.** Coaches will notify players of practice times.

For further information, you may call the Park and Rec. at 573-2413 or visit our website at www.highdesertparkandrec.com

VOLLEYBALL

**FEE: \$25 BY DEADLINE
 \$35 AFTER DEADLINE**

 Last Name First Name Date of Birth Grade
 Boy Girl Email Address: _____

 Address (street) (mailing)

 City State Zip Home Phone

 Person/Address/Phone to notify in an event of an emergency

 Another Person/Address/Phone to notify in an event of an emergency

 Doctor/Phone to notify in event of an emergency

IMPORTANT!!!

I agree that I, the registrant, will abide by the rules of High Desert Park & Recreation, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with playing a sport, I hereby release, discharge and/or otherwise indemnify the High Desert Park & Recreation, its affiliated organizations and sponsors, their employees, coaches, and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

 Name (please print) Signature Date
 (Parent if registrant is under 18)

CONSENT FOR MEDICAL TREATMENT:

I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the registrant.

 Signature Date
 (Parent if registrant is under 18)

Check all that apply that interest you as a parent! Scorekeeper Head/Asst. Coach
 Referee Linesman Other _____