



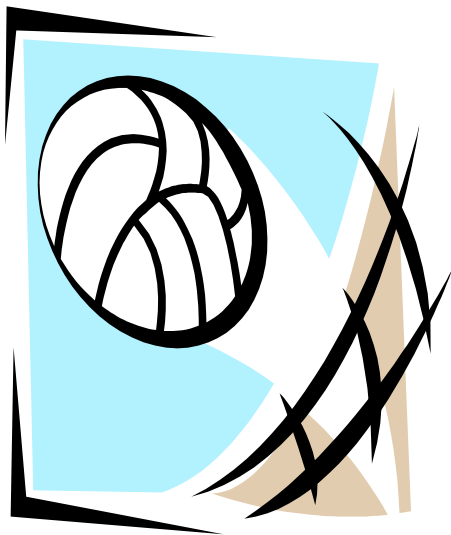
# Girls Volleyball



Register for the fun and improve skills by joining this developmental volleyball league. 4<sup>th</sup> & 5<sup>th</sup> graders will participate in recreational play. We will once again be offering both recreational and competitive play for 6<sup>th</sup> – 8<sup>th</sup> graders.

**4<sup>th</sup> & 5<sup>th</sup> Graded Clinic - Sunday, March 25, from 2-3pm**

**6<sup>th</sup> - 8<sup>th</sup> Grade Clinic – Sunday, April 8, from 4-5pm**



**Grades:** 4<sup>th</sup> & 5<sup>th</sup>, 6<sup>th</sup> – 8<sup>th</sup>

**When:** April 14 – May 26

**Time:** Saturdays, 9am – 1pm

**Where:** Belton School Gymnasiums

**Early Bird Fee:** \$55/ player \* if registered by March 10  
**Fee:** \$65/player\*

\*(6<sup>th</sup>-8<sup>th</sup> only; Players must tryout at the clinic to play in the Competitive League. There is an add'l fee of \$35 to play on the Comp. League. Payment is due the day of the clinic.)

**Registration Cutoff:** March 17

*How did you hear about this program: (Mark One)*

Website Through School Word of Mouth Flyer at Wellness Center Wellness Center TV Other: \_\_\_\_\_

Please fill out and return to the High Blue Wellness Center or mail with payment to: High Blue Wellness Center, 16400 N. Mullen Road, Belton, MO 64012. If paying by check, be sure to include your driver's license # and date of birth.

Participant's Name: \_\_\_\_\_ Activity: Girls Volleyball-426070

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Shirt Size: YS YM YL S M L XL XXL

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

I, the parent of the above listed child, do hereby agree to release all liability and claims against the Belton Parks and Recreation Department and agree to hold harmless any liability against the Belton Parks and Recreation Department, any sponsoring organization, facility, instructor and any other party involved, due to injuries, accidents, negligence, or any other circumstances arising from participation in this program with respect to any time prior, during and after the activities, including participation in all related events. I understand that my child may be photographed for publicity purposes.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_