

**GIRL’S VOLLEYBALL 3RD – 6TH GRADE**

**FEE:** $30.00 (please make checks payable to The City of Seward)

* **Mail:** Registrations to P.O. Box 38 / Seward, Nebraska
* **Drop off:** 142 North 7th Street / Seward, Nebraska
	+ *(If after business hours, please put in drop box located in front of the building)*
* **Online:** https://cityofsewardne.gov/public-properties-recreation/#recreation-programs
* For any questions, please email adam.bode@cityofsewardne.gov
* **Deadline for registering: October 21st**
* **Program Start Date: Sunday October 27th**
* **Program End Date: Sunday November 17th**
* **Location: Seward Middle School**
* **Program Details:**
	+ **This volleyball program is an instructional format that will teach the fundamentals through skill development and game play on Sunday afternoons.**
	+ **Times: 3rd grade – 1pm / 4th grade - 6th grade – 2pm – Times may change depending on roster sizes.**

PLAYER NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL (print clearly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I (we) recognize and understand the activities that I (we) have enrolled in and will participate in and do hereby give my permission and consent for participation in this program. I (we) do hereby absolve, release and agree to hold harmless the City of Seward Parks and Recreation department and all its employees for all claims on account of any injuries which may be sustained by myself and or team while participating in any City sponsored activity. If medical attention is required for injury or illness I (we) give permission for such medical l care

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_