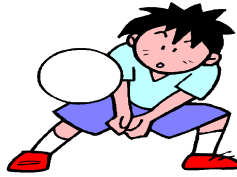


CHANUTE RECREATION COMMISSION

2009

YOUTH VOLLEYBALL

2ND-6TH GRADE



Registration Deadline:
Friday August 28th, 2009

Return Form To: Chanute Recreation Commission
1621 W. 14th Street

REGISTRATION FEES:

REGISTRATION : **\$10.00**
(On or before Aug 28th)

LATE REGISTRATION: **\$15.00**
(After Aug 28th)

Name _____ Birthdate _____
Month/Day/Year

Address _____ Parent's Name _____

Phone # Home: _____ Work: _____ Cell: _____

School _____ Grade _____ BOY or GIRL (CIRCLE)

Is a brother or sister playing in the same age division? If yes, Name _____

Shirt Sizes:

(Please Circle correct size)

YS YM YL AS AM AL AXL

All leagues will be furnished with team jerseys which will be provided by area sponsors.

I would like to volunteer to: **Definitely Coach** _____ **Assistant Coach** _____ **Coach if Needed** _____

Coaches Name _____ **Home #** _____ **Work #** _____

**Depending on the number who sign up to coach, checking your interest to coach will neither guarantee nor obligate you to coach a team.

(OVER PLEASE)

Does your child have any medical concerns, take any medications, or have any disabilities that the Recreation Commission and coach should be made aware of? (Please Specify)

YOUTH ATHLETIC GRADE/AGE CUT-OFF POLICY

At their May 1998 board meeting Recreation Commissioners approved the following policy for age/grade cut-offs for our youth sports programs. Players must play in their designated age group.

1. SCHOOL YEAR SPORTS: Grade level will be used to determine the age division in which a player is eligible to participate.

2. ADA ACCOMMODATIONS: A youth with a mental or physical disability may request to be held back or placed in a division lower than they typically would play. The CRC staff will make approval.

Amount Paid _____ Receipt No. _____ Scholarship _____

PARENT/S GUARDIAN RELEASE:

I/We the parent(s) of the above youth, do hereby enroll and file our approval for my/our child to participate in the 2009 Recreation Commission Volleyball Program. In the event of any injury to myself or my child and I or my spouse cannot be contacted, I give permission to the attending physician to render such treatment. I/We now release, absolve indemnify and hold harmless any civic or private organizations, the organizers, the sponsors and the supervisors appointed by them. I/We, likewise, release from responsibility any person transporting my/our child to or from said activities. I/We, if need arises will furnish a birth certificate of the above child upon request of sponsors. PHOTO PERMISSION: I/We the parents of participating individual do hereby grant permission for pictures to be used in publicity or brochures related to the Chanute Recreation Commission. I/We do hereby and hereon realize that the program and game is for the purpose of recreation.

Parent/Guardian Signature