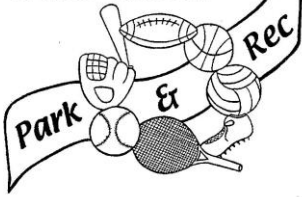


West Union



# West Union Parks and Recreation

## Volleyball – Grades 4-6

Practices on Sundays, September 8-15-22-29

2-3:30 p.m. Grades 4-5

3:30-5 p.m. Grade 6

Games will be Sundays afternoons in October beginning at noon and running till approximately 5 p.m.

**Deadline:** Entries by mail must be received by Friday, September 6, 2019

**Notices:** \*Coaches will be high school volleyball players with assistance from the high school coaches.

**Entry Fee:** \$30. This will include the jersey they will receive. Make checks payable to West Union Parks and Recreation. **Please duplicate this form as necessary.** **NOTE:** If you have more than one child participating in the same activity, there will be a \$5.00 discount for each additional child. Example: If you have three children participating the total cost would be \$80.00---\$20.00 + \$15.00 + \$15.00 = \$80.00. This is a savings of \$10 per activity. If you have questions, please contact the office at 422-3685.

**Send to:** Mail entries to: West Union Parks and Recreation, PO Box 151, West Union IA 52175. They can also be returned to the school.

**Questions:** Email Kathy Guyer at [wuparkandrec@gmail.com](mailto:wuparkandrec@gmail.com) or call 563-380-8496.

**This activity is NOT school sponsored. All inquiries should be directed to Park & Rec. Note the contact information above. DO NOT CALL THE SCHOOL asking if there is a cancellation. Park & Rec will notify the school of any change in plans. Changes will be announced to the students at school.**

**Each child must have a parental permission note to give to the school if they are to go to the Park and Rec activity following school dismissal. Without a parental permission note, the child will follow his/her normal after school procedure. Each child is required to have a parental note as to what the child should do if the activity is cancelled.**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ **Activity: VOLLEYBALL**  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_ used for cancellations/announcements only

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Please indicate if you would be willing to help coach this activity for your child.

\_\_\_\_\_ Yes, I am willing to help coach. **Coach is needed at this time.**

\_\_\_\_\_ No, I am not able to coach.

Waiver form: Program registrants assume full responsibility for any risk, implicit or direct, by participation in said activity or facility.

I, parent/guardian of the entrant listed above, waive and release any and all rights and claims for damages against the program listed above, its coaches, the City of West Union and its Parks and Rec. Department/Board and its employees, other sponsors, coaches and volunteers, for any and all injuries that may be suffered by the entrant listed above in connection with the above registered activity. I also understand it is my responsibility to transport my child(ren) from the school to the recreation center. Neither transportation nor chaperoning is provided by the school or the Parks and Recreation Department.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_