

Apple Valley Parks & Rec

Youth Co-Ed Volleyball



**James Woody
Community Center
Michael H Martin Gym**

13467 Navajo Road
Apple Valley, CA 92308

Grades

3-5
6-8

**Practices starts week of March 18th
Games start April 4th
Days/Times TBA**

Cost

\$65

Registration Deadline is March 5

For more info:

AVrecreation.org
760-240-7880



**Town of Apple Valley
Parks & Recreation Dept.**
14955 Dale Evans Parkway
Apple Valley, CA 92307
(760) 240-7880

Our non-competitive volleyball league is perfect for those wanting to experience the sport for the first time or those experienced players who want to sharpen their skills.

PROGRAM: 2019 COED VOLLEYBALL

Division: 3-5 Grade

6-8 Grade

PARTICIPANT NAME _____

BOY/GIRL _____ BIRTHDATE _____ GRADE _____

PARENT/GUARDIAN NAME (PLEASE PRINT) _____

HOME ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE # 1 _____ CELL PHONE # 2 _____

EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE _____

ARE YOU OR SOMEONE YOU KNOW INTERESTED IN COACHING _____

SHIRT SIZE (IF APPLICABLE): Y-S Y-M Y-L A-S A-M A-L A-XL

RECREATION DEPARTMENT

AGREEMENT AND RELEASE OF LIABILITY

I, the undersigned, understand the following:

I am aware that recreational activities can be hazardous and I am voluntarily participating in these activities with knowledge of the hazard involved and hereby agree to accept any and all risks of injury or death. The Town is not responsible for participant's injuries or damages occurring from "hazardous recreation activities" (CA Government Code 831.7). The Town does not provide participants with medical insurance or treatment for injuries. I agree to hold harmless and release the Town of Apple Valley, its officers, agents and employees from any and all liability arising from or related to my participation in Town of Apple Valley program activities. This release includes, but is not limited to, all liability for death, personal injury or property damage resulting from the active or passive negligence of the Town of Apple Valley or its agents or any defective or hazardous condition of any property or equipment owned, operated or maintained by the Town of Apple Valley. I am responsible for any loss, theft or damage to personal or Town equipment, articles or facilities while using said equipment, articles and/or facilities. I am aware that special interest classes are conducted by independent contractors, not Town personnel.

Parent/guardian Signature _____ **Date** _____

MEDICAL TREATMENT AUTHORIZATION

In case of emergency, I give permission to the Town of Apple Valley Recreation Department to sign for emergency medical treatment for my child (ren) _____ until myself, my spouse, or the child's guardian arrives at the medical facility.

SIGNATURE _____ DATE _____

AUTHORIZATION FOR USE OF PHOTOS

I give permission for use of photos taken of my child (ren) during recreation programs and related activities to be used for publicity purposes in brochures, flyers, news releases and other print or broadcast media.

SIGNATURE _____ DATE _____