



YOUTH SPORTS

YOUTH VOLLEYBALL LEAGUE

This program is for grades 3rd—8th interested in learning the fundamentals of volleyball in a 6-game recreational league with a single elimination championship tournament. Practices will be held on week-nights at Ray-Pec School District Facilities near or in Peculiar. All players receive a uniform jersey and participation award. A coaches meeting will be held before practices begin. If interested in coaching, please mark the appropriate section on the registration form.

Divisions:
3rd/4th, 5th/6th,
7th/8th

Registration Deadline
Friday, August 14th

\$75 per player
Register by July 31st for a \$10 discount

Player First Name _____	Player Last Name _____	Grade _____	Birth Date _____	Age _____	Boy: _____			
					Girl: _____			
Primary Parent/Guardian (first / last) _____	Parent/Guardian (first / last) _____	Email address: _____						
Address _____	City _____	State _____	Zip _____					
Phone (home) _____	(Cell) _____	(Work) _____						
Shirt Size: (Circle One) _____	YS	YM	YL	AS	AM	AL	AXL	(School) _____
Emergency Contact #1 _____	Phone # _____	Emergency Contact #2 _____	Phone # _____					

Player Ability: Please rank your child's ability to play Volleyball. It is important that you try to be as honest as possible.

- _____ 1) Very good at all aspects and/or Competitive Volleyball Player - # of Years _____
- _____ 2) Can do a little bit of everything, but not great at any one skill
- _____ 3) Average player, does what is asked to do, has a pretty good idea of how to play
- _____ 4) Still working on the skills, likes to play but has a hard time contributing in a game
- _____ 5) 1st year of playing organized Volleyball or still learning a lot every time they practice or play games

Return Form – Mail or Drop-Off

Peculiar City Hall
C/O Parks & Recreation
250 S. Main Street
Peculiar, MO 64078

My family and I hereby waive and release the City of Peculiar and the Raymore-Peculiar School District from claims for damages and/or injuries incurred while participating in or as a spectator at a City sponsored event. We understand and agree that the School District offers no liability or medical insurance coverage to participants of City-sponsored programs held in School District facilities. I also agree, as a participant, or as the parent of a minor participant, to grant full permission to the City to use my name, photograph, videotape or recording for promotional purposes on activity flyers, newsletters, program guides and recreation related city-owned websites. All photographs, images or video material will be taken with City equipment and stored on City computers/servers. These things I authorize without obligation or liability to me or my family.

Parent/Guardian Signature _____ Printed Name _____ Date _____



LEAGUE COACHES ARE NEEDED! Please indicate that you are interested in coaching or assisting by completing the information below.

All Coaches must pass a background check to be eligible to coach in any Peculiar Parks & Recreation League.

Coach's Name: _____ Day Phone: _____ E-Mail: _____