



City of Piedmont  
 Recreation Department  
 358 Hillside Ave, Piedmont, Ca. 94611  
 (510)420-3070 Fax (510)420-3027

# 6th Grade Volleyball

September – October 2012

**SIGN-UPS:** Bring in, Mail, Fax, or Sign up online the completed registration form and the program fee to the Recreation Department prior to the first meeting. Scholarships are available.

**WHO:** Students entering 6th grade at Piedmont Middle School in September 2012

**WHEN:** **Monday, September 10, 2012** the season will start with a meeting in the Buzz Redford Gym at **3:30 p.m.** followed with a practice until 5:00p.m. The regular practice schedule is 3:30 - 5:00 p.m. Monday, Wednesday and Thursday Each player must wear gym shoes and comfortable clothing that you can move in. **NO JEANS.** Knee pads are required. In past years the teams have participated in a four school jamboree during the last week of October at the end of the season. Team shirt included!

<b>Fees:</b>	
Participation Fee:	R \$155 NR \$170
<u>Facility Preservation Fund*</u>	<u>\$25.00</u>
<b>Total:</b>	<b>R \$180 NR \$195</b>

\*On July 16, 2012, the Piedmont City Council adopted a Surcharge (the proceeds of which will be deposited into a dedicated fund for facility maintenance and preservation and replacement of athletic facilities as needed). For each sports program sign up with a fee of \$50 or higher, a surcharge will be added to the standard program fee effective with the Fall 2012 program registrations. Thank you for your understanding and support as we plan for future maintenance and replacement needs. If you have any questions please feel free to contact Mark Delventhal, Recreation Director at (510)420-3073

**NOTE:** The Recreation Department requires all coaches, (paid or volunteer 18 years and older) to have a criminal background check.

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Email \_\_\_\_\_

I, the undersigned, in consideration of my child's voluntary participation in the 2012 6th Grade Volleyball Program, assume all risk and do hereby agree to indemnify and hold harmless and release and discharge for any and all claims the City of Piedmont, the Recreation Department, the Piedmont Unified School District including any employees and agents, including paid staff and volunteers, from any injury or loss which may be suffered by the above named individual arising out of or in any way connected with his or her participation in this program. I hereby attest that I understand that participation in athletic programs includes certain risks including serious injury. I also acknowledge that the Recreation Department may use photographs or video of my child in promotional materials. I, as the parent or legal guardian, understand that I am waiving important legal rights and also understand that the fee for this program is non-refundable.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Payment can be made by check (payable to the Piedmont Recreation Department) or for your convenience you may pay by credit card.

VISA \_\_\_ MC \_\_\_ AMEX \_\_\_ Card Number \_\_\_\_\_ Exp. \_\_\_\_\_

**Please complete Medical Questionnaire on Reverse Side**

City of Piedmont  
DEPARTMENT OF RECREATION  
2012

**MEDICAL INFORMATION**

1. Does your child have any medical conditions that could limit his/her participation in the Piedmont Middle School 6th Grade Volleyball program? Yes \_\_\_\_ No \_\_\_\_

If "Yes" please explain

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2. Does your child have any special medical needs? Yes \_\_\_\_ No \_\_\_\_

If "Yes" please explain

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3. Name of Person(s) to Contact in case of an emergency

Name (1) \_\_\_\_\_ Name (2) \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

4. Name of Physician to be contacted in the Event of an Emergency?

Name \_\_\_\_\_ Office Telephone \_\_\_\_\_

5. Permission to Treat and Transport

In case of an injury, I authorize the staff of the Piedmont Recreation Department to render first aid and/or to obtain whatever treatment necessary for the welfare of my child listed on this registration, including medical treatment at an emergency medical facility.

Accepted: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian