

# 2012 Youth Volleyball 4th - 8th Grade

**Early Registration Deadline: Wednesday, February 1<sup>st</sup>. Fee is \$30.00.**

**Late Registration Period: February 2<sup>nd</sup> & 3<sup>rd</sup>. Fee is \$50.00.**

### Important Dates to Remember

**Coaches' Meeting** - Wednesday, Feb. 8<sup>th</sup> 6:00pm at the Old Mid School Cafeteria on South St. Players will be contacted by their coach shortly after Coaches' Meeting and before the first practice.

**First Week of Practice** - Feb. 13-17

**First Game** - Feb. 18/**Last Game** - Mar. 17

**Make all checks payable to: Bayfield Parks & Rec  
PO Box 80, Bayfield, CO 81122**

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Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Years Played \_\_\_\_\_ Boy / Girl

Parent's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

T-shirt Size: Yth XS \_\_\_ Yth S \_\_\_ Yth M \_\_\_ Yth L \_\_\_ Yth XL/Adult S \_\_\_ Adult M \_\_\_ Adult L \_\_\_

\* All Practices will be held on weeknights after 5:30pm. Please list night and times that your child absolutely **can not** practice:

Night (you can't do)	Time

\*Other special requests: \_\_\_\_\_

*Please note that special requests are not guaranteed due to the volume of requests, volunteer coach availability, and team size and competitive fairness.*

I would like to Coach: \_\_\_\_\_ if yes, your adult t-shirt size \_\_\_\_\_. **(NO EXPERIENCE NECESSARY – ONLY REQUIREMENT IS A GREAT ATTITUDE! GOOD VOLUNTEERS ARE NEEDED TO RUN A QUALITY PROGRAM AND TO KEEP TEAM SIZES TO A MINIMUM. VOLUNTEERING IS FUN AND REWARDING!)**

Coaches will be reimbursed at the end of the season **when equipment is returned!**

#### Release and Indemnification Agreement

In consideration of your accepting my child's entry into the Bayfield Recreation Program, I hereby give my consent and release any and all rights and claims for injuries my child might sustain while participating in this program. I understand that the program I have registered for can be dangerous. Even though conducted by competent instructors, injuries can be sustained. By signing this release and indemnification agreement, I hereby exempt, release and discharge the Town, its officers, employees and its volunteers from any and all claims, demands and actions for such injury, loss or damage arising out of or in any way related to; my child's presence in the activity. I also give permission for treatment to be started by a medical professional as needed.

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**Parent Signature (Signature is Mandatory)**

**Date**