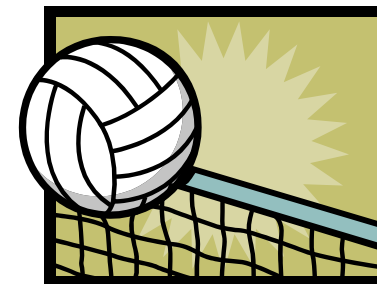


Youth Volleyball Program

Colorado City
Parks & Recreation



Registration Deadline
September 10th

Please Print

Register by September 3rd and
Receive a \$5.00 discount

Participant's Name _____
Mailing Address _____

Participant's Age _____ Grade in School _____
Male / Female _____

Special Medical Needs _____

attach separate sheet if necessary

Parent / Guardian's Name _____

Home Phone _____

Emergency Phone _____

Email Address _____

Costs*

2nd & 3rd Grade \$40.00

4th & 5th Grade \$40.00

*Scholarships available for those who
qualify

No refunds will be issued after
September 17th, 2018.

Practice will begin in September.
Games will be played on Saturday
afternoons beginning October 8th.

Consent for Emergency Treatment

As parent or legal guardian of this participant, I hereby give consent for emergency/medical care or action deemed necessary by anyone present in order to insure the more immediate treatment possible until licensed medical treatment can be obtained. All such care shall be deemed appropriate by me in order to insure the safety of all concerned. There are inherent risks of injury associated with all activities and I hereby understand and agree not to hold the Colorado City Metropolitan District, its employees, agents, and other district volunteers and their insurers from any liability or claims.

Parent / Legal Guardian's Signature:

_____ Date _____

Registrations may be dropped off at the main CCMD office at 4497
Bent Bros Blvd. Call 676-3059 for more information.

www.cocityparksandrec.com

Shirt Size

YS _____ AS _____

YM _____ AM _____

YL _____ AL _____

Other _____

Coaches Needed!

Volunteer coaches are needed
for the league.

Are you interested in coaching?*

Yes _____ No _____

*Coaches may be subject to a background check.