



Carpenter Center Youth Volleyball

Participants Name _____ Gender: M F

Grade: _____ Age: _____ Date of Birth: _____ School _____

Serious Health Problems: No Yes

Explain: _____

Parent/Guardian Name _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell # _____

Can you help coach your child's team?: Coach _____ Asst.Coach _____ Coach Name _____

11 & 12 year olds- 10:00-11:30

8, 9 & 10 year olds- 11:30-12:30

5,6 & 7 year olds- 12:45-1:30

The program will run from October 27th to December 15th

T-Shirt size: XS. YS. YM. YL. YXL. AS. AM. AL AXL

Cost is \$40 for a 7 week program plus shirt

I understand and am aware that my child will/may be participating in physical activities and that the potential for accidents does exist. In consideration for being allowed to participate in the Carpenter Center volleyball program, I agree to assume the risk of any injuries that might occur doing the exercise or drills of the program.

Parent/guardian Signature _____ Date _____

Any question about the program please contact Jo Mikesell- 308-672-2579

Volleyball will be held at the Carpenter Center