



YOUTH VOLLEYBALL PROGRAM



Current LHS Head Volleyball Coach, Cassie Thompson, staff and players will be teaching basic skills and fundamentals. Players will receive t-shirt and be formed into teams according to the school they attend.

Saturdays
November: 7, 14, 21
December: 5, 12
Grades 4th/5th: 9am-10:30am
Grade 6th: 10:30am-12pm
 Fee: \$40/participant
Sign up by: Friday, Oct. 30

Participant Name: _____ Grade/Age: _____ Shirt Size: _____

Parents Name: _____ Phone: _____

Address: _____ Email: _____

Emergency Contact: _____ Phone: _____

Doctor's Name: _____ Phone: _____

List any physical problems which should be noted: _____

PAYMENT METHOD

Check *Make payable to City of Lewiston* **Cash** **Total:** _____ **Receipt #:** _____

Credit Card: Visa Master Discover **Name on Card:** _____

Card Number: _____ - _____ - _____ - _____ **Exp. Date:** _____ / _____ **CVV Code:** _____

The Lewiston Parks and Recreation DOES NOT provide medical or accident insurance coverage. The participant is responsible. If participant is a minor, parent/guardian is responsible. I/we assume all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify, and hold harmless the Lewiston Parks and Recreation for any claim arising out of injury to myself or my/our minor child. I grant the Lewiston Parks and Recreation permission to photograph myself and/or my child/ward and use the photos in displays and promotional materials. This document shall serve as a release for me, my child/ward and our heirs. I have signed this release voluntarily, with full understanding, under perjury, under laws of the State of Idaho.

Signature: _____ Date: _____

Please fill out and return this form with payment to:
Lewiston Parks & Recreation • PO Box 617 mail 1424 Main Street in-person Lewiston, ID 83501
Ph.208.746.2313 • Fx.208.746.9110 • www.cityoflewiston.org/parksandrec