



Fall 2019 Youth Volleyball

El Dorado Recreation offers a Youth Volleyball League for boys & girls in 3rd-6th grade. Volunteer coaches teach basic fundamental skills & emphasize teamwork, skill development, and FUN. Practice days & times are determined by the volunteer coach. Games are played weekday evenings at the Activity Center.

PLAYER FEE: \$22 in town / \$32 out of town

Those residing outside the city limits of El Dorado will be subject to the out of town registration fee.

DEADLINE: Friday, August 23rd

*** \$5 late fee added after deadline ***

**** Late Registrations received after August 23rd ARE NOT guaranteed placement in the program. ****

GAMES BEGIN: week of September 30th

Please complete the registration form and return it with payment to:

El Dorado Recreation
220 E. First
El Dorado, KS 67042
321-9100



**** Scholarships available to those who qualify. ****

Fall 2019 Youth Volleyball Registration

Name _____ Grade _____

Address _____ Age: _____

City _____ Zip _____

School _____ Birthday ____ - ____ - ____

Parents Names _____

Phone 1 _____ Phone 2 _____

Email Address _____

Please Circle **BOY** **GIRL**

Shirt Size: Youth: YS YM YL Adult: AS AM AL AXL

As a condition to participate in the program listed above, sponsored by the City of El Dorado, I knowingly & voluntarily assume any & all risks inherent in participation. I, further, waive any rights or claim against the City of El Dorado, its officials, officers, and employees to include, but not limited to bodily injury, property damage, &/or loss, or personal loss, sustained as a result of participation. Also, if medical attention is required, I give my permission for such medical care. I, further, agree to adhere to the City of El Dorado sportsmanship standards and guidelines. Finally, I give the El Dorado Recreation Dept. permission to use photographs or videos of the above named participant in its promotional and/or educational materials. I have read the participant waiver & understand that a signature is required in order to participate in this program.



Parent/Guardian Signature

Coaches: If you or your spouse are interested in coaching or if you know of someone that is, please complete the information below.

Name: _____ Daytime Phone: _____

Coaches must protect their own child and have the option of selecting (3) additional players.

Please list the 4 players you wish to have on your team.

FA2019 Youth Volleyball

For office use only:

Paid in Full

Paid by _____

Date Received: _____

Amount Paid \$ _____

Cash _____

Check # _____

Credit _____

VISA ___ MC ___ DISC ___

Receipt # _____