



# 5<sup>TH</sup> & 6<sup>TH</sup> VOLLEYBALL LEAGUE



The Carroll Parks and Recreation Department is offering a volleyball league for 5<sup>th</sup>-6<sup>th</sup> grades.

**LEAGUE:** Those in 5<sup>th</sup> – 6<sup>th</sup> grades.

**PRACTICES:** After all team rosters are established, players will get a call from their coach sometime mid August. One scheduled practice a week on M, T, or Th afternoon/night in the Fairview gym.

**GAMES:** Games will be played at the Carroll High School on weekdays & Saturdays  
Games will start mid September and will run through the end of October.

**EQUIPMENT:** Clean, dry tennis shoes must be worn for games. Please make sure that you bring your playing shoes with you and do not wear your playing shoes outside. This helps to keep the gym floor clean.

**FEE:** \$20.00 per participant

Drop off registration at the Carroll Recreational Center office or mail to: Carroll Rec Center, 716 North Grant Road, Carroll, IA 51401

YOUTH VOLLEYBALL TEAMS ARE STILL AVAILABLE TO SPONSOR FOR MORE INFORMATION CALL MIKE AT 792-5400

**REGISTRATION DEADLINE:** Friday, July 30th or sooner if the league fills up.

**REGISTRATION DEADLINE JULY 30, 2010**  
**\$10 LATE FEE WILL BE CHARGED AFTER THE 30th .**

FEE: \$20.00

## VOLLEYBALL LEAGUE

Fee Payable To: CARROLL REC CENTER - \$20.00  
Mail To: CARROLL REC CENTER, 716 N GRANT ROAD, CARROLL, IA 51401  
**Registration must be filled out by July 30, 2010**

Grade (Fall 2010):  5th Grade  6th Grade School \_\_\_\_\_

Boy  Girl

Participant's Names: \_\_\_\_\_

Birthday: \_\_\_\_\_

Parent's Names \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime/Cell: \_\_\_\_\_

Address/City/Zip code: \_\_\_\_\_

Email \_\_\_\_\_

Please List Any Medical Conditions \_\_\_\_\_

Circle **YOUTH** T-Shirt Size: YS YM YL

**ADULT** T-Shirt Size: S - M - L - XL - XXL

### WAIVER FOR PARTICIPANT BY PARENT/GUARDIAN:

I agree to assume full responsibility for any risk implicit or direct by participating in any activity or facility. The City of Carroll does not provide individual, team, or group accident insurance for participants in parks and recreation activities. The individual mentioned above has my permission to participate. I also give permission for any photos of participants taken during the program to be used for future Department promotional materials.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## VOLUNTEER

(1-2 hours per week / 5 weeks)

\_\_\_\_\_ COACH  
\_\_\_\_\_ ASST. COACH  
\_\_\_\_\_ OFFICIAL

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

DAYTIME/CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SHIRT SIZE (ADULT):  
S M L XL XXL