

**Chadron Community Recreation
Youth Volleyball Registration
Girls and Boys grades 3-6**

**Monday, February 25
5:30-7:00p.m.**

@ the PAC on the CSC campus (south Main St.)

(Please use the top south entrance)

You may also register on the first night of the Skills Clinic

Name: _____ Grade _____ Female or Male ? (circle)

Address: _____ Phone #: _____

_____ 2 week program of skills and development \$25 Paid: _____ ck/# _____ Cash

_____ 6 week travel program \$35 Paid: _____ ck/# _____ Cash

Release From Liability & Consent For Medical Treatment

I hereby indemnify and hold harmless Chadron Community Recreation and all other co-sponsors and their officers and employees, for and against any and all loss, liability or damage resulting from, or because of it or in connection with participation of my child in said activities. I hereby give my permission for the above named participant to participate in volleyball and all related activities. In the event of injury or illness to my child, I hereby grant authority to a qualified physician to render such medical treatment as said deems necessary under the circumstances. I also realize I am responsible for getting my child to and from any activity held out of Chadron. I also realize the insurance provided for this activity does not include traveling to and from the event. Coaches, assistants, along with Chadron Community Recreation, the officers and employees will not be held responsible for any accidents or injuries due to travel to or from activities. Registration fee is non refundable.

Signature of parent/guardian

Relationship

Date

Volunteers needed!! _____ Coach _____ Asst. Coach
Participants may wear knee pads, but they are not required.

You may also mail in your registration form and fee to:

CCR

P.O. Box 4

Chadron, NE 69337

For more information check us out on our web site:

chadronrec.com

**Chadron Community Recreation
Youth Volleyball
Girls and Boys grades 3-6**

**2013
Skills Clinic Dates**

**Monday and Tuesday March 4 & 5
3:30-5:00 p.m.
In the CHS gym (use North doors to enter)**

**Monday and Tuesday March 11 & 12
5:30- 6:45 p.m.
In the CHS gym (use North doors to enter)**

You may register at the Skills clinic!!

Chadron Community Recreation Youth Volleyball Registration

Name: _____ Grade _____ Female or Male (circle)

Address: _____ Phone #: _____

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_____ 6 week travel program \$35 Paid: _____ ck/# _____ Cash

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