

Massillon Parks and Recreation Department's

Winter Youth Volleyball League

This league is for beginning and intermediate volleyball players who want to have fun while learning the skills of volleyball.



Ages: Boys & Girls 7-15 years old
Dates: Sundays, January 3-March 14
Location: Massillon Recreation Center



Cost:

Members: \$37 Massillon Taxpayers: \$41 Non-taxpayers: \$52
All participants will receive a team shirt

Registration Deadline: Monday, December 28



Winter Youth Volleyball Registration Form

Register at Massillon Parks and Recreation Department, 505 Erie Street North, Massillon OH 44646
(330) 832-1621 Fax (330) 832-0456

Make checks payable to City of Massillon (Mail in registration Accepted)

Member: \$37 Taxpayers: \$41 Non-taxpayers: \$52

Name: _____ Date of Birth: _____ Age: _____

Address : _____ City, _____ Zip: _____

School: _____ Home Phone: _____

Parents Name: _____ Parents Work Phone: _____

Shirt Size: Youth Small Youth Med Youth Large Adult Small Adult Med Adult Large AXL

How many years has the participant played Volleyball? _____

Would a parent be interested in being a coach? YES/NO

Name: _____ Phone: _____

Name of ONE player to be on the same team for transportation reasons: _____

(Not all request can be honored)

Participation Waiver

I, _____, the parent or legal guardian of _____, a voluntary participant in this program sponsored by the City of Massillon, am aware that there are certain risks of injury involved in any sport or recreational activity. Bearing in mind, and with full knowledge of the physical capabilities or limitations of my child, I hereby agree to assume for my child such risk of injury. I further agree to indemnify and hold harmless the City of Massillon, their administrators, employees or agents against any claim for injury to persons or property which may result from my child's participation in this activity. Finally, I agree that my child shall abide by the rules and supervision of the Massillon Parks & Recreation Department.

Signature of Parent or Legal Guardian: _____ Date: _____