

Youth Volleyball

Grades 5th and 6th

Participant's Name: _____

Parent's Name(s): _____

Address: _____

Phone Number: _____

Email: _____

Grade: _____

Site:

Napoleon Junior High School Gymnasium

Day and Time:

Sunday afternoons from 1:00 – 3:00 pm.

Dates:

September 27 through November 1

Time:

1:00 – 3:00 p.m.

Fee: (check one)

☐

\$20.00 – resident*

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\$30.00 – non-resident

(A reduced participation fee program is available for qualified families. Contact the City

* Parent or legal guardian living within the Napoleon corporation limits or pays City of Napoleon income tax.
(Verification of residency may be required)

Make checks payable to the City of Napoleon

GENERAL RELEASE

I hereby grant my child permission to participate in the Youth Volleyball recreation program and agree to release and hold harmless the City of Napoleon, the Napoleon Parks and Recreation, its officials, officers, employees, boards, and agents, including but not limited to all supervisors, coaches and assistants from any and all liability for damages resulting from injury to said child while engaged in the program. I also agree to release and hold harmless all public facility owners and their officials, officers, employees, and agents while engaged in this program.

Parent or Legal Guardian's Signature

Date

Emergency Phone Number

_____ **YES**, I would be a volunteer for this program. Please contact me with more information.

Return to: Napoleon City Building, Parks and Recreation Dept., 255 W. Riverview Ave., Napoleon, OH. 43545.

Entry Deadline – Thursday, September 24th. Any questions, please call the City Building at 592-4010. (No phone in registration will be taken.)