

# ***Napoleon Parks and Recreation***

## ***Fall Volleyball Registration Form***

### **Grades 3-6**

Participant's Name: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone:                      **Home**                      **Cell**                      **Alt:** \_\_\_\_\_

Email: \_\_\_\_\_

Grade:                      Check One:   ☐ 3<sup>rd</sup>   ☐ 4<sup>th</sup>   ☐ 5<sup>th</sup>   ☐ 6<sup>th</sup>

Shirt Size                      Circle One:    YS    YM    YL    YXL    AS    AM    AL    (all cotton shirts)

Fee: (check one)                      ☐ \$20.00 – resident\*                      ☐ \$30.00 – non-resident

(A reduced participation fee program is available for qualified families)

\* 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**

- Start date is on Sunday, Aug. 29<sup>th</sup> at Napoleon High School Gym from 2:00 – 4:00 pm. This first date is mandatory for all participants as players will be taught fundamentals and evaluated based on skill level for team selection
- Games are played on Sundays at the High School Gym (Sept. 12–Oct. 17 between 1–5pm)
- Additional practice times will be scheduled on weeknights throughout the season
- Unable to practice on a certain night of the week? Best night for practice \_\_\_\_\_

#### **GENERAL RELEASE**

I hereby grant my child permission to participate in the Fall 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 coach for this program. Please contact me with information.

\_\_\_\_\_  
I would be willing to assist the coach of my child's team.

Return to: Napoleon City Building, Parks and Recreation Dept., 255 W. Riverview Ave., Napoleon, OH. 43545.  
**Entry Deadline – Fri, Aug 27, 2021** Any questions, please call the City Building at 592-4010. (No phone in registration will be taken.)