

2020 Circle Recreation Volleyball

Circle Recreation is offering volleyball to all Circle District students in the 2nd through 6th grade.

- Volunteer Coaches teach basic fundamentals of the game.
- Emphasize teamwork, improved skill development, and fun!
- All games played at the El Dorado Activity Center, 401 McCollum Rd.
- **Practices begin the week of September 21st.**
- **Games are set to begin the week of October 5th.**
- Games will be played Monday, Tuesday, or Thursday evenings.
- Some games may also be scheduled on Saturday mornings.
- Rosters are limited to 8 players total on each team.
- This program is limited to 24 teams total.
- **Coaches meeting will be held Monday, September 14th.**

Entry Fee: \$25.00 per child

Registration Deadline:

WEDNESDAY, SEPTEMBER 2, 2020

Late registrations are not guaranteed placement on a team.

SPECIAL COVID-19 SAFETY PROTOCOLS IN PLACE

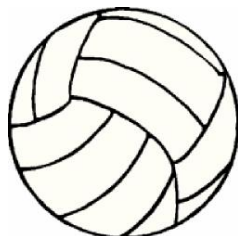
- Safety Guidelines provided by the Butler County Health Department.
- Masks REQUIRED for coaches & spectators inside the Activity Center.
- Social distancing is expected on sidelines for players, coaches & fans.
- Very limited seating will be available for games.
- 15-minutes buffer time between games.
- Players provide their own water bottle & knee pads.
- Program is subject to cancellation at any time.

Please turn registrations in to:

Benton City Hall
Towanda City Hall

**Makes Checks Payable to BSAC
(Benton Sports & Athletic Commission)**

For Additional Information Call:
Darci Smith – 258-7886



YOUTH VOLLEYBALL REGISTRATION FORM

Name _____ Grade _____

Address _____ Age _____

City _____ Zip _____

School _____ Birthdate _____

Parent's Names _____

Cell Phone _____ E-mail: _____

Please Circle: BOY GIRL

Shirt Size: Youth S M L Adult S M L XL

As a condition to participate in the program listed above, sponsored by the City of El Dorado and Circle Recreation, I knowingly and voluntarily assume any and all risks inherent in participation. I further waive any rights or claims against the City of El Dorado and Circle Recreation, its officials, officers, and employees to include, but not limited to bodily injury, property damage, and /or loss, or personal loss, sustained as a result in participation. Also, if medical attention is required, I give my permission for such medical care. I further agree to adhere to the City of El Dorado sportsmanship standards and guidelines. I have carefully read the participant waiver and understand that a signature is required in order to participate in this program.

Parent/Guardian Signature

If you are interested in coaching, please complete the information below. You will be notified if you are selected to coach.

Name: _____ Daytime Phone _____

Coaches must protect their own child and have the option of protecting two additional players (2nd-4th grade) or three additional players (5th-6th grade).

Please list the players you wish to protect.

For office use only:	Date Received _____	Cash _____
<input type="checkbox"/> Paid In Full	Amount Paid _____	Check # _____
		Credit _____