

2019 Circle Recreation Volleyball

Through El Dorado Parks and Recreation



Circle Recreation is offering volleyball to all Circle District students in the 2nd through 6th grade. This program will be played as a coed league with two different age divisions: 2nd - 4th grade and 5th - 6th grade. Participants will learn basic volleyball fundamentals while competing in a recreational league with games played every week. All games will be played at the El Dorado Activity Center located at El Dorado High School, 401 McCollum Road, El Dorado, KS.

Entry Fee: \$35.00 per child

Fee includes t-shirt and participation award.

Registration Deadline:

FRIDAY, AUGUST 23, 2019

***** IMPORTANT DATES *****

Week of September 16th – Practices Begin

Week of September 30th – Games Begin

Coaches will be notified of coaches meeting/draft date.

Please return registrations to:

- Circle Benton Elementary Office
- Circle Greenwich Elementary Office
- Towanda Primary School Office
- Towanda Intermediate School Office
- Circle Oil Hill Elementary Office



**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 three (3) additional players. 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 _____