

# 2017 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: 2<sup>nd</sup> - 4<sup>th</sup> grade and 5<sup>th</sup> - 6<sup>th</sup> 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:**

**Wednesday, August 23, 2017**

**\*\*\* IMPORTANT DATES \*\*\***

**Tuesday, September 5 @ Activity Center in El Dorado**

6:30 PM – 2<sup>nd</sup>/3<sup>rd</sup>/4<sup>th</sup> Grade Draft

7:15 PM – All Coaches Meeting

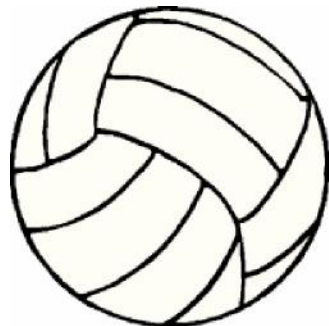
7:45 PM – 5<sup>th</sup>/6<sup>th</sup> Grade Draft

**Week of September 11<sup>th</sup> – Practices Begin**

**Week of September 25<sup>th</sup> – Games Begin**

**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

**Coaches: If you or your spouse is interested in coaching or if you know of someone that is, please complete the information below.**

Name: \_\_\_\_\_ Daytime Phone \_\_\_\_\_

**Coaches must protect their own child and have the option of protecting three (3) additional players.** Please list players you wish to protect.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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