



# 2017 CHARLESTOWN VOLLEYBALL



## DEVELOPMENTAL LEAGUE

The Charlestown High School Volleyball program and the City of Charlestown - Youth & Family Sports will offer its annual volleyball league for girls in grades Kindergarten-5<sup>th</sup> grade. This program will be conducted on Mondays at Charlestown High School and will focus on age appropriate volleyball fundamentals in a "camp-like" setting. The cost is \$35, which includes a volleyball to keep. It is recommended that participants wear athletic shoes and knee pads. Cash or check is acceptable (checks can be made to: City of Charlestown). The schedule is as follows:

February 6, 13, 20, 27, March 6

Kindergarten-1<sup>st</sup> grade - 6-7pm

2<sup>nd</sup>-3<sup>rd</sup> grade - 6-7:15pm

4<sup>th</sup>-5<sup>th</sup> grade - 7-8:30pm

The deadline to register is **January 30 (Registration will be available at the door the 1<sup>st</sup> night, however, participants may not receive their volleyball until a later week)**. You may mail your registration form and payment to Kristin Cox, City Hall, 304 Main Cross Street, Charlestown, IN 47111. You may also drop it off at City Hall, Monday-Friday from 8:30am-4:30pm OR Charlestown High School in care of Tammy Nuxoll. For questions, please contact Kristin Cox at [kristin.cox@cityofcharlestown.com](mailto:kristin.cox@cityofcharlestown.com) or 812-256-3422 ext. 325.



-----Please keep the top of this form-----

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Current school participant is attending: \_\_\_\_\_

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

Daytime Phone # (required): \_\_\_\_\_

Email address (required): \_\_\_\_\_

Emergency contact name and phone # (required): \_\_\_\_\_

Medical condition(s) to be aware of: \_\_\_\_\_

Liability Statement: I hereby give my permission for my child(ren) to participate in the above Charlestown Volleyball program / City of Charlestown event and hereby release and hold harmless the City of Charlestown, Greater Clark Schools, Charlestown Volleyball program, camp staff and administrators from and against any liability incurred in connection with or arising out of my child's participation in said program.

Parent or Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_