

\$31 if registered by Wed., Sept. 13.

\$37 if registered after that date.

Seven practices/games held at Horizon Middle School. All players will receive a dri-fit team jersey. Times and dates are subject to slight changes.

VOLLEYBALL DATES AND TIMES

#206 – 4th & 5th Grade

**9:00-10:30am | Saturday
Sept. 23 -Nov. 4**

#207 – 6th & 7th Grade

**10:30am-12:00pm | Saturday
Sept. 23-Nov. 4**



2005 1ST AVENUE
KEARNEY, NEBRASKA 68847

WWW.KEARNEYREC.ORG

PHONE: 308-237-4644



Get out. Get going.



Ways to register: Online www.KPRregister.org,
stop by the office, mail in, or phone.

METHOD OF PAYMENT					Check Enclosed _____ Cash enclosed _____					Make Checks Payable to "City of Kearney"				
<input type="checkbox"/> Visa®	<input type="checkbox"/> Mastercard®	<input type="checkbox"/> Discover®	<input type="checkbox"/>	Credit Card # _____						Exp. Date _____	CVV# _____ <small>3 DIGIT CODE ON BACK OF CARD</small>	AUTHORIZED SIGNATURE _____		
FAMILY NAME _____					HOME PHONE _____					WORK PHONE _____				
ADDRESS _____					CITY _____					STATE _____ ZIP _____				
PARTICIPANT'S NAME _____					I/M/F	AGE	DATE OF BIRTH	GRADE	SCHOOL	PROGRAM #	ACTIVITY			
												FEE		
												\$		
												\$		
Please describe any special needs or accommodations that you or your child may require _____												TOTAL \$ _____		

Please describe any special needs or accommodations that you or your child may require:

NOTE: YOU WILL NOT BE MAILED A WRITTEN RECEIPT. ASSUME THAT YOU ARE IN THE ACTIVITY UNLESS OTHERWISE NOTIFIED.

PARTICIPANT RELEASE STATEMENT: We understand the activities that my family has enrolled in, and I hereby give my permission and consent for their participation.

Furthermore, I recognize that proper care of equipment, fields and adequate supervision will be provided, but that inherent in these activities is a degree of assumption of risk.

I do hereby authorize, release and agree to hold harmless and City of Kearney, it's sponsors, leaders, agents and volunteers from liability claims in case of accidents to all family members enrolled in these programs.

PHOTO PERMISSION: We the parents or participating individual, grant permission for pictures to be used in the City of Kearney Park & Recreation publicity materials.

PARENT/GUARDIAN/ADULT PARTICIPANT SIGNATURE:

DATE:



Our full-time staff has extensive background in playing and coaching volleyball as well as working with kids.

FULL-TIME RECREATION STAFF WILL LEAD EVERY DAY!

All Kearney Park and Recreation
COACHES go through an **INTERVIEW,**
HIRING, AND TRAINING PROCESS.

Coaches are hired based upon their sport knowledge as well as their ability to coach and interact positively with kids.

TEAMWORK makes the **DREAM WORK!**

All kids will be placed on a team and will practice and play games every day. It is important for kids to grasp the team concept and we will teach that to the best of our ability.

KEARNEY PARK AND RECREATION

provides a youth recreation volleyball program where the number one goal is to create a **SAFE, FUN, and POSITIVE** environment.

We believe that **EVERY PARTICIPANT SHOULD GET THE OPPORTUNITY TO PLAY**. All participants will receive equal playing time and opportunities during drills, practices, and games.

We will focus on **FUNDAMENTALS**, increasing **PLAYER CONFIDENCE**, and providing **HEALTHY COMPETITION** in an organized and enthusiastic atmosphere.

CITY OF KEARNEY
PARK & RECREATION