



# REGISTRATION FORM

Elementary Volleyball 2024

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Shirt Size: YS YM YL YXL S M L XL XXL  
Parent's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

## Program Summary

Participants from local schools will have the chance to play in our volleyball league. This league is for 4<sup>th</sup>-6<sup>th</sup> graders and is a coed league, meaning that teams will be comprised of athletes of all genders. The main goal of this league is to provide our athletes a safe environment where they can learn the basics of volleyball and have a positive experience while playing a team sport.

### Program Information

Grades: 4<sup>th</sup> – 6<sup>th</sup>  
Dates: 9/13 – 10/25  
Clinic: 9/13 from 4:30 – 6pm at La Sierra Community Center's Big Gym  
Practices/Games: Teams will practice for 40 minutes and then play a 40 minute game on Friday nights between 4:00pm and 8:30pm at La Sierra Community Center's Big Gym

### Program Fee

\$120 (resident) / \$130 (non-resident)  
Fee includes jersey, coaches, referees, and equipment costs

### Refunds

Refunds will be granted in accordance with the CRPD Refund Policy. For more information about our refund policy, please contact our La Sierra Office at (916) 483-7826 or visit our website at [www.carmichaelpark.com](http://www.carmichaelpark.com)

### Interested in coaching your child's team?

Volunteer coaches receive free admission to the league. If you're interested or if you'd like more information, please contact Tyler Tulowitzki at [ttulowitzki@carmichaelpark.com](mailto:ttulowitzki@carmichaelpark.com)

### Scholarships

Partial scholarships are available to help with your program fee. For information about our scholarships, please contact our district office at (916) 485-5322 ext. 29 or visit our website at [www.carmichaelpark.com](http://www.carmichaelpark.com)

**Payment:** Payment Type: Cash Check Credit/Debit Total Amount Paid: \_\_\_\_\_  
Check # (made to CRPD): \_\_\_\_\_ Cash Amount: \_\_\_\_\_  
Credit/Debit Card: Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ CVV: \_\_\_\_\_



Receipt #: \_\_\_\_\_

**Carmichael Recreation & Park District**  
*Elementary Volleyball 2024*

**AGREEMENT, WAIVER, AND RELEASE**

In consideration for being permitted by the District to participate in the above-referenced activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the District (including its officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors, and assigns and that I shall indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with my participation in said activity. Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

**PHOTO AND LIABILITY RELEASE**

By signing this agreement, you are agreeing to release photo rights, including waiving any right of compensation, to Carmichael Recreation & Park District (CRPD). CRPD reserves the right to photograph facilities, activities, and program participants for potential future use, which may include sharing the photos with the Carmichael Recreation and Park District Foundation dba Carmichael Parks Foundation to use the photos to inform and promote the CRPD. **You further hereby release CRPD and Carmichael Parks Foundation from and against any injury or damage arising out of or related to the aforementioned activities.** All photos will remain the property of Carmichael Recreation & Park District.

**PARENTAL/GUARDIAN CONSENT:(To be completed and signed by parent/guardian if Participant is under 18 years of age.)**

I hereby consent that my child, \_\_\_\_\_, participate in the above-referenced activity, and I hereby execute the above Agreement, Waiver, and Release on their behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with said minor's participation in said activity.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Printed)