

**2020 Youth Volleyball Registration Form  
5<sup>th</sup> & 6<sup>th</sup> Grade Girls**

On a normal year, the Waukon Park & Rec Department organizes volleyball teams to play in the Postville Wellness & Recreation Center (WRC) League. However, this year the traveling league has been cancelled due to COVID concerns. Instead, we have come up with a modified program this fall for our 5<sup>th</sup> & 6<sup>th</sup> grade girls. Our main focus will be working on the fundamentals and skills of volleyball with some scrimmaging as well. Practices/scrimmages will be held two nights a week on weeknights in the evenings at the Waukon Wellness Center starting September 8. The program will run 5 weeks (10 nights total) with the last night being October 8. The times of practice will be determined based on the number of girls that sign up. More information will be given out later to everyone that registers. Lastly, we will need volunteer coaches to make this a successful program. **We highly encourage everyone to return your forms EARLY, so shirts can be ordered in a timely fashion.**

Please check appropriate line(s) (Make checks payable to **“Waukon Park and Recreation”**)

\_\_\_\_\_ \$25.00 to play Youth Volleyball

\_\_\_\_\_ I'd like to volunteer to help coach (COACHES NAME: \_\_\_\_\_)

Participant's Name: \_\_\_\_\_ Grade **Entering**: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Cell or Work Phone: \_\_\_\_\_

Email (Please write legibly): \_\_\_\_\_

Medical Concerns or Disabilities: \_\_\_\_\_

T-Shirt: (Youth Size) S M L XL (Adult Size) S M L XL XXL XXXL

School Attending: \_\_\_\_\_ Parent/Guardian Names: \_\_\_\_\_

**GENERAL WAIVER:** I release the Waukon Park and Recreation Department staff, volunteer coaches, and the Waukon Wellness Center from all liability and hereby give my permission for the above named child to participate in volleyball and for the program's staff to refer my child, if injured, to the closest medical facility. I also understand that by participating in this program, I am giving consent to photos taken of my child by the Waukon Park and Recreation Department staff to be used in the newspaper and the Waukon Park and Recreation Facebook page.

**COVID-19 WAIVER:** By signing this form, you are giving consent to allow your child to participate in the above mentioned program given the inherent risks of the virus. As a reminder if your child is sick or feeling sick, please keep them home from practices/games. No one (parents, kids, grandparents, etc.) should attend or participate if they currently have symptoms or have been in contact with anyone with a confirmed COVID-19 diagnosis in the last 14 days. As a park and rec staff, we can assure you that we will be sanitizing our equipment (volleyballs, etc.) after each night of practice and will do our best to follow all other health guidelines to keep everyone safe.

Parent/Guardian Signature: \_\_\_\_\_

**Fees increase \$10 after August 24<sup>th</sup> for volleyball. The FINAL DEADLINE to turn in forms is August 28<sup>th</sup>. NO EXCEPTIONS!**

Return this completed form and registration fee to the Waukon Wellness Center or mail to: Waukon Park & Rec., c/o Kim Kraus at 1220 3rd Ave. NW, Waukon, IA 52172

\*\*\*\*\* **ONLINE REGISTRATION AVAILABLE** \*\*\*\*\*

**Go to:** <http://waukon.recdesk.com> (Create family account. You can pay online with a Credit/Debit Card.)