



2017 GIRLS (AGES 10-13) VOLLEYBALL CAMP

City of Monroe Recreation Dept, 120 E. First St., Monroe, MI 48161

Phone: 734-384-9156 E-mail: recreation@monroemi.gov

Office Hours Mon – Fri, 8:00 am – 4:30 pm. May be closed for lunch, please call ahead.

www.monroemi.gov Facebook: City of Monroe MI, Recreation Department



Coach Chris DuRussel will lead this four week program for girls ages 10-13. Participants will learn the basics of volleyball: bumping, setting, serving and the overall dynamics of the game, all while having fun! Come ready to exercise and develop skills. No previous skill is needed. Players should wear gym shoes and comfortable clothing. A waiting area with tables and Wi-Fi next to gym is available for the parents if desired. Cancellations due to weather may not be made up due to gym availability.

When: Wednesdays, February 1 - 22, 2017, 6:45 p.m.- 8:15 p.m.

Where: Arborwood South (Cantrick), 1008 Riverview, Monroe, MI 48162

Fee: City of Monroe Resident \$24/person Non-Resident \$34/person

Maximum Participants: 24

Registration Deadline: Wednesday, January 25, 2017 (\$5.00 late fee per family after deadline.)

YOUR CHILD CANNOT PARTICIPATE UNTIL THEIR CONCUSSION FORM IS ON FILE.

All registrants must have a concussion form on file with the City of Monroe Recreation Department before the season starts. If you have not already submitted a concussion form, you may obtain a form from the office or online at www.monroemi.gov; pick "Documents"; "Departments"; "Recreation"; "Concussion Forms"; "Parent and Athlete Sign Form." The parent and child MUST sign the form.

2017 City of Monroe Girls, (Ages 10-13) Volleyball Camp Registration Form

Drop off or mail registration form, concussion form (if necessary) and check payable to: City of Monroe Recreation Dept., 120 E. First St., Monroe MI 48161.

PLEASE PRINT

Player Name: _____
(First) (Last)

Date of Birth _____ Age _____

Parent(s) Name: _____ Phone _____
(First) (Last)

Address: _____ Alt. Phone _____
(Street) (City) (State) (Zip)

E-mail Address: _____

Emergency Contact Name: _____ Phone _____

RELEASE AND INDEMNITY AGREEMENT

In consideration of this registration being accepted, I hereby, for myself, my heirs, executors, administrators and assigns waive and release any and all rights and claims for damages which I may have against the City of Monroe, the Monroe Recreation Department, and/or their employees, agents, representatives, successors and assigns on account of any injuries suffered by myself and/or any child of mine arising out of my or our participation in the program or activity above referenced. I further agree to indemnify and hold harmless the City of Monroe, the Monroe Recreation Department, and/or their employees, agents, representatives, successors and assigns from any and all claims which may be made by or account of any person on account of any rights and claims released by this document. This indemnity agreement includes any and all damages, costs and attorney fees.

I agree that any child of mine will participate according to the rules, regulations, and/or bylaws for the activity referenced above. I understand that special requests are not guaranteed. If photos are taken of participants in a class during a special event or at the City parks, they are for the Monroe Recreation Department usage only and may be used in the Monroe Recreation Department brochures, pamphlets, and flyers, or on the web.

PARENT/GUARDIAN SIGNATURE _____

DATE: _____

OFFICE USE ONLY: _____ Concussion Form
Date Received Receipt No. Total Paid Initials