



Dates: Nov 1 - Dec 15, 2011
(NO PLAY THANKSGIVING WEEK)

Days/Times: Grades 1st - 2nd
Tuesdays from 4 - 5:30pm
Grades 3rd - 5th
Thursdays from 4 - 5:30pm

Location: Homestake Peak School
Gymnasium (old BMHS)

Cost: \$45

Register by: October 21, 2011

For: Boys and Girls

Dates: Nov 2 - Dec 14, 2011

Days/Times: Grades 3rd - 5th
Mondays from 4:30 - 6pm
Grades 6th - 8th
Wednesdays from 4:30 - 6pm
(NO PLAY NOVEMBER 23)

Location: Homestake Peak School
Gymnasium (old BMHS)

Cost: \$60

Register by: October 21, 2011

For: Boys and Girls

Each session will consist of a 45 minute practice followed by a 45 minute game.

Professional coaching by Vail Volleyball Club.

Sponsored by:



700 South Frontage Road East • Vail, CO 81657
479-2280 • Fax 479-2281 • www.vailrec.com

REGISTRATION FORM • FAX TO 479-2281

SIGNING UP FOR:

- Hoops - Grades 1st - 2nd Hoops - Grades 3rd - 5th Volleyball - Grades 3rd - 5th Volleyball - Grades 6th - 8th

Child's Name _____ M F Date of Birth _____

School _____ Grade _____

Mailing Address _____ City, State, Zip _____

Mother's Name _____ Father's Name _____

Mother's Home Phone _____ Father's Home Phone _____

Mother's Work Phone _____ Father's Work Phone _____

Mother's Email _____ Father's Email _____

Emergency Contact _____ Home Phone _____

Work Phone _____ Cell Phone _____

T-Shirt Size Youth Small Medium Large OR Adult Small Medium Large
Are you interested in coaching basketball? Yes No Are you interested in sponsoring a basketball team (\$100)? Yes No
(Coaches kids play for free!) (Your logo will be on the t-shirts!)

Agreement to Waive Legal Rights in consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child or I are participating in such activity. I or my child am in good health and physically able to participate in said activity. I agree to waive and release the Vail Park and Recreation District and/or the Town of Vail. I give permission for my child to ride on the Town of Vail Buses, in any VRD vehicle, and on Eagle County School District buses. I also authorize and consent to any emergency x-ray examination, medical diagnosis or treatment and hospital care to be rendered to me or my child under the general or special supervision and on the advise of any physician licensed to practice in the State of Colorado. Participants may be photographed and such photographs may be used to publicize events.

Parent/Guardian Signature _____ Print Name _____ Date _____

PAYMENT: Amount Received: \$ _____ Cash Check # _____

Charge # _____ Exp. _____ Cardholder _____