

Vinton Parks & Recreation Department

Jr. Spikers

Grades: 3rd - 6th

Dates: September 8, 12, 13*, October 6, 10

Times: 3rd & 4th Grade -- 6:00 - 7:00 pm

5th & 6th Grade -- 7:00 - 8:00 pm

Location: V/S High School Gym

Instructors: V/S Volleyball coaches & players

Cost: \$15 per child



*September 13 - Jr. Spikers Night at V/S Volleyball game. Participants will receive more information about Jr. Spikers Night at a later date.

DUE DATE: FRIDAY, SEPTEMBER 2 (No t-shirt guaranteed after due date)

Please mail or bring registration form to the Vinton Recreation Center at 701 East A Street.

Program available only for V/S School District. Questions please call 472-4164.



Jr. Spikers 2011

Participant's Name _____ Grade _____ Age _____

Street Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____ M/F _____

Emergency Contact _____ Phone _____

Name of Parent/Guardian _____ Email _____

1. I/we recognize that as participants or observers I/we shall bear the full responsibility of any loss or theft of personal items while engaging, participating, or observing in these activities. 2. I/we release any photographs, videos, or both taken during the activity to be used by the City of Vinton for advertisements, training, or other purposes. 3. In the vent of injury or illness, I hereby give my consent for medical treatment and permission to program staff for supervising and performing, as deemed necessary by staff, on-site first aid for minor injuries, and for a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary medical or surgical procedures) for me or my participant or observing spouse, if I am unable to provide that consent directly at the time, for any reason. I agree to assume all costs related to any such medical or surgical treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of this claim.

Signature of Parent/Guardian _____ Date _____

T-Shirt Size (circle one):

Y-6/8 Y-10/12 Y-14/16 Adult-S Adult-M Adult-L

Office Only:	Fee: \$15.00
	\$3 Late fee after 9/2: _____
	Total Due: _____
	Date Paid: _____
	VPRD Initials: _____

Check out our website at vprdz.com!