

Capitol Sports Center and the Circle City Volleyball Club present the

FRIDAY NIGHT DEVELOPMENT PROGRAM

2012 Volleyball Registration Form

This program is available for 1st through 5th graders and there are no try-outs for this program. This program is a great introduction to volleyball. We will have two sessions and you may sign up for one or both of the sessions.

- Session 1 will be nine weeks meeting Friday's from 6pm to 7:30pm. The cost for Session 1 is \$180. The following are the dates for Session 1:
 - January 13th, 20th, 27th
 - February 3rd, 10th, 17th, 24th
 - March 2nd, 9th
- Session 2 will be five weeks meeting Friday's from 6pm to 7:30pm. The following are the dates for Session 2:
 - March 30th
 - April 6th, 13th, 20th, 27th

Each participant will receive a t-shirt. If you would like to participate, please contact us or sign-up online.

Complete the following and mail it along with payment to: Capitol Sports Center, 1915 Gladden Road, Plainfield, Indiana 46168

CHECK APPROPRIATE SESSION(S)

___ Session 1 (\$180)	___ Session 2 (\$100)
<ul style="list-style-type: none">• January 13th, 20th & 27th• February 3rd, 10th, 17th, 24th• March 2nd, 9th	<ul style="list-style-type: none">• March 30th• April 6th, 13th, 20th, 27th

Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Phone: _____ School: _____ Grade: _____

Birth Date: _____ Position: _____ Shirt Size: _____

Note: This form must be read and signed before any participant is allowed to take part in any session. By signing this form, the participant's parent/guardian affirms having read it. Sponsoring Organization: Capitol Sports Center. In consideration of my involvement under the auspices of the sponsoring organization, I acknowledge and agree that:

1. Participants risk bodily injury, including paralysis, dismemberment and death, as well as loss or damage to property.
2. I knowingly and freely assume all such risks: and
3. I, for myself and on behalf of all my heirs, assigns, and next of kin, hereby release hold and promise not to sue the Capitol Sports Center, its officers, official agents and/or employees, with respect of any and all such injury, paralysis, dismemberment, death and/or loss of or damage to property except that which is a result of gross negligence and/or wanton misconduct.

I have read the above and release, and understand that I have given up substantial rights by signing it.

Parent / Guardian Signature: _____

Parent / Guardian Printed Name: _____