

Get out. Get going.

CITY OF KEARNEY PARK & RECREATION

KPR PO Box 1180 / Kearney, NE 68848 / 2005 1st Avenue / 308-237-4644 / Monday-Thursday 7:30-5:00pm & Friday 7:30-12:00pm / www.kearneyrec.org



4th & 5th and 6th & 7th Grade



Bump, set, spike! Each camp will have a skill emphasis but will cover all the fundamentals of volleyball such as passing, setting, spiking, and serving. Games will be played at the end of each camp. Campers are encouraged to register for all three camps as each camp will be different and incorporate new drills and contests. Emphasis is put on increasing player confidence, building on the enjoyment of the sport, healthy competition, and creating a positive team atmosphere. Hired Park and Recreation coaches will lead campers along with full-time KPR staff. Horizon Middle School. **Registration is limited to the first 42 participants per camp.**

**Special COVID-19 precautions will be utilized. Participants will be emailed more information 2-3 days prior to each camp.*

Grades: 4th – 7th Grades

Location: Horizon Middle School

Camp Fee: \$8 per camp

4th & 5th Grade

#239-1	Game Basics/Passing Camp	Saturday, September 19	9:00-11:00am
#239-2	Setting Camp	Saturday, October 10	9:00-11:00am
#239-3	Serving/Spiking Camp	Saturday, October 31	9:00-11:00am

6th & 7th Grade

#239-4	Passing Camp	Saturday, September 26	9:00-11:00am
#239-5	Setting Camp	Saturday, October 17	9:00-11:00am
#239-6	Serving/Spiking Camp	Saturday, November 7	9:00-11:00am

Register online at KPRregister.org



registration form

RETURN THIS FORM WITH FEE TO: KPR PO Box 1180 / Kearney, NE 68848 / 2005 1st Avenue / 308-237-4644 / Monday-Thursday 7:30-5:00pm & Friday 7:30-12:00pm / www.kearneyrec.org

METHOD OF PAYMENT Check Enclosed Cash enclosed Make Checks Payable to "City of Kearney"

Visa® Mastercard® Discover® Credit Card # _____ Exp. Date _____ CCV# _____
3 DIGIT CODE ON BACK OF CARD AUTHORIZED SIGNATURE

FAMILY NAME _____ PRIMARY PHONE _____ WORK PHONE _____ EMAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____



PARTICIPANT'S NAME	M/F	AGE	DATE OF BIRTH	GRADE	SCHOOL	PROGRAM#	ACTIVITY	FEE
								\$
								\$

Please describe any special needs or accommodations that you or your child may require _____ **TOTAL \$**

NOTE: YOU WILL NOT BE MAILED A WRITTEN RECEIPT. ASSUME THAT YOU ARE IN THE ACTIVITY UNLESS OTHERWISE NOTIFIED.

PARTICIPANT RELEASE STATEMENT: We understand the activities that my family has enrolled in, and I hereby give my permission and consent for their participation.

Furthermore, I recognize that proper care of equipment, fields and adequate supervision will be provided, but that inherent in these activities is a degree of assumption of risk.

I do hereby absolve, release and agree to hold harmless and City of Kearney, it's sponsors, leaders, agents and volunteers from liability claims in case of accidents to all family members enrolled in these programs.

PHOTO PERMISSION: We the parents or participating individual, grant permission for pictures to be used in the City of Kearney Park & Recreation promotional materials.

PARENT/GUARDIAN/ADULT PARTICIPANT SIGNATURE: _____ DATE: _____

