

Volleyball FUNdamentals Camp

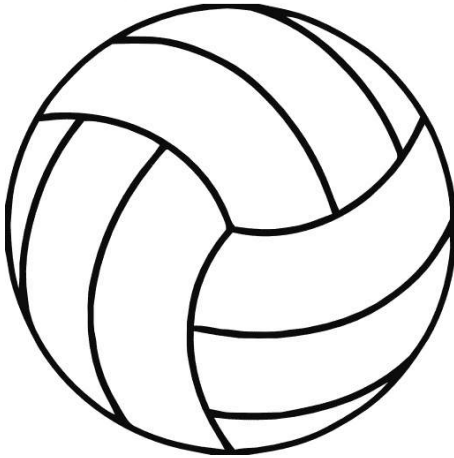
Get out. Get going.

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



Saturday, October 3



Dig into the FUNdamentals! 1st – 3rd Grade Girls will be introduced to the game of volleyball by participating in a variety of creative drills, games and contests. The basic rules of the game will be taught, but the main focus will be placed on learning the fundamentals of serving, passing, and setting. Every camper will receive a camp shirt. Join KPR in this high energy, organized program lead by full-time KPR Staff and hired coaches.

Registration limited to 42 participants.

All participants registered by 9/24 will receive a Volleyball Camp t-shirt. Please indicate a t-shirt size when registering.

Grades: 1st – 3rd Grades

Location: Horizon Middle School

Program Fee: \$15

#208 Volleyball Fundamentals Camp

8:30-11:30am

Saturday, October 3

Financial assistance is available. A 50% discount will be given to those who meet income guidelines. Please call or stop by the Park and Recreation Office for more information.

KPR strives to promote an inclusive environment and provides programs for all abilities. If your child needs special accommodations, please contact us at least two weeks prior to the start of the program. KPR is a member of the Kearney Inclusive Recreation Project.

Register online at KPRregister.org

Call 4-INFO at 234-4636 for postponements or cancellations.



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 SIZE	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:** _____

