

# RYVA



## Rochester Youth Volleyball Association



**Participants will receive motor learning instruction related to the sport of volleyball through fun and healthy skill development activities.**

WHO: Boys & Girls

GRADES: K-3

DATES: November 2<sup>nd</sup> -December 7<sup>th</sup>  
(Excluding Thanksgiving Day)

DAYS: Tuesdays & Thursdays

TIME: 5:30-6:30pm

LOCATION: National Volleyball Center

COST: \$60 (includes volleyball)

DEADLINE: October 15<sup>th</sup>

**Make checks payable to:**

RYVA

Questions: (507)328-5201

[www.rochesteryouthvolleyball.org](http://www.rochesteryouthvolleyball.org)

**Return completed form, with payment to:**

National Volleyball Center

Attn: Volleytot

2601 Viola Rd NE

Rochester, MN 55906

### REGISTRATION FORM

VOLLEYTOT FALL '10

Last name:		First:		Boy	Girl	Birth date:		
Home phone #:	Cell phone #:	E-mail address:		Grade:		Shirt size: <b>Youth</b> S    M    L		
				(2010-2011 school year)		<b>Adult</b> S    M    L		
Street address:			City:		State:		ZIP:	
E-mail address:		Emergency contact: (other than parents)		Relationship to participant:		Home phone #:		Work phone #:
<p align="center"><b>Assistant Coaches</b> Need one for each group, no experience necessary.</p> <p><input type="checkbox"/> I _____ would be interested in helping on my child's court. (Name)</p>						Registration Fee		\$60
						*No Ball Option <b>*Returning players only (-\$10)</b>		\$
						Total Enclosed		\$

### RELEASE WAIVER

I hereby agree to assume any and all responsibility for injuries sustained by my child (named above) by participating in this volleyball program. I also hereby hold free and harmless the Rochester Youth Volleyball Association, the coaches, City of Rochester, Rochester Park & Recreation department, and its employees from any personal injuries, known or unknown, and injuries to property caused by or arising from participation in the above mentioned volleyball program.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date