

# RYVA



## Rochester Youth Volleyball Association

WHO: Boys & Girls

GRADES: 4<sup>th</sup>-6<sup>th</sup> Grade

DATES: April 12<sup>th</sup> – May 26<sup>th</sup>

DAYS: Mondays & Wednesdays

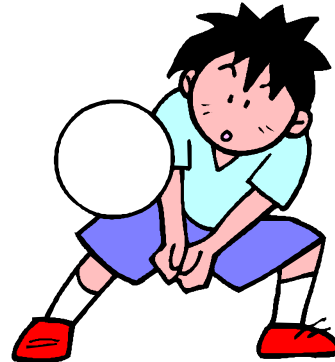
TIME: 6:30-8:00pm

LOCATION: National Volleyball Center

COST: \$110 (includes volleyball)

DEADLINE: April 1<sup>st</sup>

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



**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: Miniball

2601 Viola Rd NE

Rochester, MN 55906

### REGISTRATION FORM

MINI SPRING '10

Last name:		First:		Boy	Girl	Birth date:				
Home phone #:	Work phone #:	Cell phone #:		Grade:		Shirt size: <b>Youth</b>		S	M	L
				(2009-2010 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 #:		
							Registration Fee			
							*No Ball Option		\$	
							*Returning players only (-\$20)			
							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