

# Volleyball Youth League



The Federal Way Community Center is teaming up with Federal Way High School Volleyball team to provide an instructional volleyball league for girls and boys grade 2–6. Players will work on the fundamentals of volleyball in a clinic like setting during the first five sessions and then players will be split into teams to begin team practice and get prepared for weekly competition.

**Age 7–12yrs | \$75 | 16 wk(s)**

**ID#62164 | 9/12–11/9 | W, F | 5–6pm**

**Instr: Federal Way High School**

**Volleyball Team**

**Register online at: [ItAllHappensHere.org](http://ItAllHappensHere.org) or call 253.835.6900 or at the FWCC.**

This event is not sponsored by Federal Way Public Schools and the District assumes no responsibility for the conduct or safety during the event. In consideration for the privilege to distribute this information/hold this event, the organization shall defend, indemnify and hold Federal Way Public Schools harmless from any and all claims, injuries, damages, losses or suites including attorney fees arising out of or in connection with this event, except for injuries and damages caused by the sole negligence of the district.

## **WEEK 1**

**September 12:** 5 to 6 pm  
**September 14:** 5 to 6 pm

## **WEEK 2**

**September 20:** 5 to 6 pm  
**September 21:** 5 to 6 pm

## **WEEK 3**

**September 26:** 5 to 6 pm  
**September 28:** 5 to 6 pm game

## **WEEK 4**

**October 3:** 5 to 6 pm  
**October 5:** 5 to 6 pm

## **WEEK 5**

**October 10:** 5 to 6 pm  
**October 12:** 5 to 6 pm game \*Team pictures

## **WEEK 5**

**October 18:** 5 to 6 pm  
**October 19:** 5 to 6 pm game

## **WEEK 6**

**October 24:** 5 to 6 pm  
**October 26:** 5 to 6 pm game

## **WEEK 7**

**November 1:** 5 to 6 pm game





# Boys and Girls Youth Volleyball League

## 2018 Registration Form

Participant First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Primary Language: \_\_\_\_\_

(1) Parent/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_\_) \_\_\_\_\_

Cell Phone:(\_\_\_\_\_) \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Email: \_\_\_\_\_

(2) Parent/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_\_) \_\_\_\_\_

Cell Phone:(\_\_\_\_\_) \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Email: \_\_\_\_\_

In an emergency, which number should be contacted first? \_\_\_\_\_

### Additional Emergency Contact:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone:(\_\_\_\_\_) \_\_\_\_\_

Work Phone:(\_\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_\_) \_\_\_\_\_

In an emergency, which number should be contacted fist? \_\_\_\_\_

T-Shirt Player Shirt Size:  Y S  Y M  Y L  A S  A M  A L

Does your child have any allergies or medical/physical conditions? If so, please explain: \_\_\_\_\_

Is there anything else you can tell us about your child (cultural/social/behavioral)? \_\_\_\_\_

Medical Provider/Doctor: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_

### Please list all other adults your child may be released to:

	Full Name	Relationship to Child	Phone
1.	_____	_____	(_____) _____
2.	_____	_____	(_____) _____
3.	_____	_____	(_____) _____
4.	_____	_____	(_____) _____
5.	_____	_____	(_____) _____

**PARTICIPANT'S RELEASE:** The undersigned agree that separately, for themselves, their heirs, executors, and administrators, waive and release any and all rights and claims that may be had, or might rise against the City of Federal Way, its affiliates, sponsors, agents, or representatives for any and all injuries or losses suffered by the said undersigned while competing in or in connection with the program of the said association or agency. The undersigned also agree that they understand and will comply with the established rules set forth by the City of Federal Way which govern participation in the above mentioned class or activity. Additionally, I grant full permission to use any photographs, videotapes, motion picture, recordings, or any other record of this program for any purpose.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_