Clive Parks and Recreation

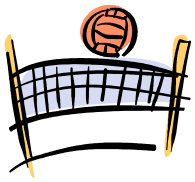
Youth Volleyball Clinic

This four-week fundamental clinic teaches the basics of volleyball. Each week, time will be spent on passing, serving, rules, setting, and learning more about the sport of volleyball. Soft, lightweight beach volleyballs will be used to help in this basic skill development. Participants should wear gym shoes. *Includes a T-shirt.* **Minimum 10/Maximum 20 in each program.**

Grades: K & 1
Program No.: 211107-01
Dates: Mondays, March 21–April 11
Time: 5:45–6:30 p.m.

Grades: 2 & 3
Program No.: 211107-02
Dates: Mondays, March 21–April 11
Time: 6:30–7:15 p.m.

Location: Indian Hills Jr. High (9401 Indian Hills Dr., Clive)
Fee: $45 (includes a T-shirt)
Registration Start: Monday, March 7
Registration Deadline: Sunday, March 20



This is not a West Des Moines Community School District publication, nor is it in any way endorsed or sponsored by the district. This publication is being provided only to inform you of other available community activities and opportunities.

Mark your calendars. No confirmations will be sent. Online registration at www.cityofclive.com.

For more information, contact Doug Harris at:

Clive Parks and Recreation

1900 NW 114th Street, Clive, IA 50265 ✦ (515) 223-5246 ✦ Fax: (515) 457-3092

PLEASE PRINT **PARKS & RECREATION REGISTRATION FORM**

Parent Name _____

Street Address (No P.O. Boxes)_____ City _____ Zip _____

Home Phone_____ Work Phone_____ Cell Phone _____ Email _____

Emergency Name_____ Emergency Phone_____ Additional Comments/ Medical Information: _____

I hereby agree to indemnify and hold harmless the Clive Parks and Recreation Department and City of Clive, its agents, commissioners, officers, volunteers and employees ("Released Parties") from any and all liability for personal injuries or damages I may hereafter sustain while participating in, traveling to or from, or observing of the Department sponsored activities whether such personal injuries or damages are caused by negligence of the Released Parties or otherwise, to the full extent permitted by law. I understand that there are inherent risks in participating in this activity. I also give my permission for any photos/videos of these participants taken during the program to be used for future department promotional materials. The individuals listed on the registration form have my permission to participate in the listed programs.

PARTICIPANT OR PARENT/GUARDIAN (IF MINOR) _____ **DATE** _____

SIGNATURE REQUIRED TO PARTICIPATE

One family per form. Multiple immediate family members may be registered on same form. If you are signing up someone outside of your family, a separate form is required in order to enroll in the designated program. Completed, signed forms and full payment are considered enrollment confirmation unless you are contacted.

Enrollments are non-transferable.

T-Shirt Sizes:
Youth: S(6-8), M(10-12), L(14-16)
Adult: S, M, L, XL, XXL (add'l cost for XXL)

Participant Name	Sex	15-16 Grade in School	Birthdate Mo./Day/Year	Age	T-Shirt Size	Program No.	Program Name	FEE:

Credit Card Information: ____ VISA ____ MASTERCARD ____ DISCOVER

Card Number: _____ Exp. Date __ /__

Signature: _____

It is the responsibility of the disabled individual requiring accommodations to contact the Parks & Recreation Department at least 48 hours in advance, to allow full participation in an activity. For more information, call 223-5246.

CITY OF CLIVE
PARKS & RECREATION
1900 NW 114th ST., CLIVE, IA 50325
PHONE: 223-5246 FAX: 457-3092

TOTAL AMOUNT DUE_____

Make Checks Payable to City of Clive
CASH AMOUNT _____
CHECK # _____
DATE _____
RECEIVED BY_____