

# Queen Anne's County Parks and Recreation

## Youth Volleyball Open Gym, Ages 10-14

Youth volleyball open gym is a program geared towards middle school age athletes looking to learn or improve volleyball skills and techniques. Participants will engage in small group activities and pick-up games.

### Centreville Middle School

Dates: Saturdays, January 19 – February 23, 2019

Times: 7:00 p.m. – 8:30 p.m.

Fee: \$50

Program: 180131

**Please send form to:** Q.A.C. Parks & Recreation, 1945 4H Park Road, Centreville, MD 21617; via fax to (443) 262-4673, or via email to [qacrecreation@qac.org](mailto:qacrecreation@qac.org)

**Participants Name:** \_\_\_\_\_ M/F: \_\_\_\_ Age: \_\_\_\_ DOB: \_\_\_\_\_  
(one form per participant)

### **Program #: 180131 Youth Volleyball Open Gym - Centreville Middle School**

\*Medical Information (medication, disabilities, etc.): \_\_\_\_\_

Pick-up/Emergency Contact: (name/number): \_\_\_\_\_

**Payee Name** (Parent/Guardian/Adult): \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

I recognize the risks of illness and injury in any exercise/physical fitness or education program and am participating in the Parks & Recreation program upon the express agreement and understanding that I am hereby waiving and releasing Parks & Recreation, its officers, directors, employees and agents from any and all claims, costs, liabilities, expense or judgment, including attorney's fees and court costs (herein, collectively "Claims") arising out of my participating in the aforesaid course/activity or any illness, injury or death resulting there from and hereby agree to indemnify and hold harmless the Parks & Recreation Department from and against all such Claims except Claims proximately caused by the gross negligence or willful misconduct of Parks & Recreation. **\*Participants may at some time be photographed for publicity purposes.**

**Parent/Guardian Signature (1)\*\***

**Parent/Guardian Signature (2)**

\*\*If a parent or guardian does not have sole legal custody of the child, both signatures are required. By submitting a single signature, the parent/guardian is indicating that he/she has sole legal custody of the participant.

#### **Method of Payment:**

\_\_\_\_\_ Cash \_\_\_\_\_ Check/Money Order \_\_\_\_\_ VISA /MasterCard Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ CVV# \_\_\_\_\_

Signature \_\_\_\_\_

Online Registration available at [www.parksnrec.org](http://www.parksnrec.org)

For more information call: 410-758-0835