



2018 AFTER SCHOOL SPORTS PROGRAM 4TH and 5TH GRADE BOY'S & GIRL'S VOLLEYBALL



THIS INTRAMURAL PROGRAM WILL MEET FOR 90 MINUTES, FOLLOWING SCHOOL DISMISSAL, and will emphasize learning volleyball fundamentals, team concepts, sportsmanship, participation, improved health/fitness and fun!

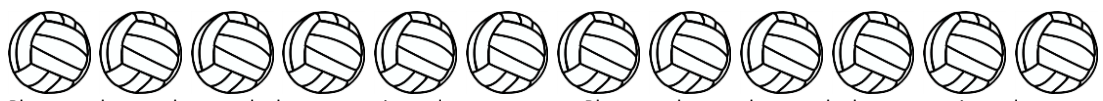
Practices will be held twice per week on a combination of Monday through Thursday dates **beginning the week of October 22nd**, depending on school/gym availability. Each participant will attend up to six practices, subject to school/coach conflicts and/or weather and play in 1 game against another school. Registered participants will be **E-mailed** a practice schedule the week of October 15th. Please note, emails may be sent to your spam folder. If you have not received a practice schedule by 3 p.m. on Wednesday, October 17th, please contact smahrenh@cityofdubuque.org. Games will be held within 2 weeks of the last practice date and game schedules will be sent out via email during the last week of practices.

Registration deadline is Wednesday, October 10th. Registrations are accepted on a first-come, first-served basis or until each school's maximum is reached. Registrations received after October 10th will be considered late and will be accepted only if space is available.

REGISTER

by mailing, faxing (589-4391), registering online (www.cityofdubuque.org/recreation), or dropping form off in person to: **Leisure Services Department**, 2200 Bunker Hill Road, Dubuque, IA 52001-3010. **Make \$20.00 CHECKS PAYABLE TO THE LEISURE SERVICES DEPARTMENT.**
Office Phone: 563-589-4263 Hours: 9:00 a.m. to 6:00 pm.

If you are interested in volunteering, or coaching, contact Stacy Mahrenholz at smahrenh@cityofdubuque.org



Please cut here and return the bottom portion only.

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PARENT'S NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PARENT EMAIL ADDRESS (REQUIRED): _____

CHILD'S NAME: _____ MALE: _____ FEMALE: _____ BIRTH DATE: _____

GRADE: _____ SCHOOL WHERE VOLLEYBALL PROGRAM IS HELD: _____

SCHOOL CHILD ATTENDS, IF DIFFERENT FROM ABOVE: _____

END OF PRACTICE ARRANGEMENTS: ___ WALK ___ PARENT PICK UP ___ Y-CARE ___ OTHER

PARENT'S SIGNATURE: _____

FEE: \$20.00

With your signature, you are giving your child permission to participate in this activity, and agree that the school district and Leisure Services Department and their employees are not responsible for injuries or accidents, which may occur while participating.



COMPLETE IF PAYING BY CREDIT CARD

Credit Card Number

Today's Date _____

Credit Card Expiration Date _____

Signature _____

Cash

Check
(# _____)