

TOWN OF RUSH RECREATION DEPARTMENT

2017 8 WEEKS- WINTER VOLLEYBALL

8-12 YEAR OLDS

When:	Time:	Cost:
Thursdays March 2nd 2017-April 27th 2017 (No camp 4/20)	6:00PM-7:30PM	Resident \$60 Non-Resident \$65.00

All Classes will be held at the Monica Leary School Gym, 5509 East Henrietta Road, Rush.

Name: _____ Address: _____

Phone number: _____ Emergency Contact: _____

Parental/Guardian Information

Mother/Guardian Full Name: _____ Evening Phone: _____
 Father/Guardian Full Name: _____ Evening Phone: _____

Emergency Contact (if different from parent/guardian)

Name: _____ Relationship: _____ Phone: _____ Cell: _____
 Name: _____ Relationship: _____ Phone: _____ Cell: _____

Names of Designated Adults authorized to pick up participant

Name: _____ Relationship: _____ Phone: _____ Cell: _____
 Name: _____ Relationship: _____ Phone: _____ Cell: _____
 Name: _____ Relationship: _____ Phone: _____

Does this child have any conditions we should be aware of? Yes No
 If yes, please list: _____

I, the participant of the Rush volleyball class acknowledge that I fully understand any and all risks which are or may be associated with this program. I represent to the Town of Rush and the Rush Recreation Program that I know of no medical condition which could or should prevent me from participating in said program.

I further, hereby release, indemnify and hold harmless the Town of Rush and the Rush Recreation Program's respective officers, employees, officials, boards, commissions, committees, and any members of the same and the instructors, contracted employees, and counselors, conducting or taking part in the program. In the case of injury to myself, I hereby waive all claims against teach and all of the above-mentioned persons or entities.

Participant Signature: _____
 Date: _____

Checks payable to:
 Please send in this completed application with a check payable to;
 Rush Town Clerk
 Rush Town Hall
 5977 East Henrietta Road. Rush NY 14543