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**High Desert Volleyball League 2024 Grades 2nd-5th**

Volleyball League Applications are now being accepted at the High Desert Park and Rec. office. Signups open online and in a printable PDF form as well. Forms may also be mailed to the Park & Rec., P.O. Box 238, Burns, OR 97720. **Player fees are $35.00 each if turned in before the deadline.** Highdesertparkandrec.com

Leagues will be split this year according to the following: Grades 2nd-3rd League (2-3), Grades 4th-5th League (4-5). Practice will, tentatively, begin the week of Sept 30th, 2024. Teams will practice twice a week in the evenings. Games will be played during the week and a jamboree on a Saturday, hopefully with some Crane games.

\*\*Jerseys are now being replaced by t-shirts that player’s get to keep. Please check what size for your child. Youth sizes.

**Volunteer Coaches are needed as we have many Volleyball participants.** If you have an interest in volunteering as a coach, or referee, please call the Park & Rec. office, 573-2413. **Deadline to sign up will be Sept 23rd, 2024.** Sign up early to ensure a place on a team.

**Logo

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**FEE:** **$35.00**

Last Name First Name Date of Birth Grade

Boy Girl Email Address:

Address (street) (mailing)

City State Zip Home Phone

Person/Address/Phone to notify in an event of an emergency.

Another Person/Address/Phone to notify in an event of an emergency.

Doctor/Phone to notify in event of an emergency.

Youth Size Team Shirts:

XS Small  Small Medium Large XL Large

**IMPORTANT!!!**

I agree that I, the registrant, will abide by the rules of High Desert Park & Recreation, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with playing a sport, I hereby release, discharge and/or otherwise indemnify the High Desert Park & Recreation, its affiliated organizations and sponsors, their employees, coaches, and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant’s participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Name (please print) Signature Date

(Parent if registrant is under 18)

**CONSENT FOR MEDICAL TREATMENT:**

I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the registrant.

Signature Date

(Parent if registrant is under 18)

**Check all that apply that interest you as a parent!** Scorekeeper Head/Asst. Coach

Referee Linesman Other