



VOLLEYBALL OPEN GYM

WHEN: Monday-Tuesday-Wednesday

DATES: June 5, 6, 7, 12, 13, 14, 19, 20, 21

TIME: 11:00 A.M. – 1:00 P.M.

WHERE: Orestimba High School Gym

WHAT: The class is designed to work on basic fundamentals and play a lot of volleyball. All skill levels are welcome.

AGES: 6th – 12th Grades (Boys & Girls)

COST: FREE (All participants must have registration form on file with Mike Thurlow instructor. Form can be filled out in gym.)

REGISTRATION DEADLINE: Continues for duration of program.

MORE INFO: Call the Recreation Department at 862 – 4440 or fill out and print applications online visit www.cityofnewman.com.

**Newman Youth Center
831 Hardin Road
Newman, CA 95360**

**Monday – Friday
2:30 P.M. – 6:00 P.M.**



City of Newman Recreation Department

“YOUTH DROP-IN OPEN GYM”
REGISTRATION CONTRACT

FOR OFFICE USE ONLY
Date received: _____
Initials: _____

Please Print

Child’s Name: _____ Check One: Male Female

Birth Date: _____ Grade: _____ School: _____

Home Address: _____ City: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Parent or Legal Guardian’s Name: _____

May we contact you at work? Yes No Work Phone Number: _____

List any medical/physical condition that your child has that we need to be aware of:



During your child’s participation in this activity, will he/she need use of an inhaler or other medically necessary medications? Yes No (If yes, you must fill out a Parental Consent form for Self Administration of Medicine when you register.)

Emergency Contact Name (Other than self): _____ Relation: _____

Home Phone Number: _____ Cell Number: _____

My son/daughter has my permission to walk to and from this activity. I will in no way hold the City of Newman, Newman-Crows Landing School Unified School District or Recreation Department Liable for their safety.

Check One: YES NO INITIAL _____

The City of Newman Recreation Department has my permission to use my or my child’s photograph publically to promote the programming. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Check One: YES NO INITIAL _____

Please list family members/friends who have permission to pick up your child:

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

CONSENT OF WAIVER FOR PARTICIPANT: Permission to participate in the above program sponsored by the City of Newman is given for me and/or my minor child. I understand that the City of Newman carries no medical insurance for any of its programs or activities. I hereby agree to indemnify and hold harmless and release the City of Newman and Newman-Crows Landing Unified School District, its agents and employees, from any risk and all liability for any injury suffered by myself or my minor child rising from or connected with this program and I will assume all risk for any injuries. I understand that a physician’s clearance is recommended prior to participation. I hereby authorize Newman Recreation Department or its volunteers to seek medical treatment if my child becomes injured or ill.

I also understand that I must have my child arrive on time and pick them up on time. Remember this is your responsibility not the staff’s responsibility.

I certify that I have read this contract, understand its provisions, and that the information is accurate.

Parent or Guardian’s Signature

Date

Email Address: _____
(If you would like to receive information via email about up coming events or programs please fill in)