



# The City of Akron Recreation Bureau's Youth Volleyball Program

The City of Akron will be providing introductory volleyball sessions for students in 3<sup>rd</sup>-6<sup>th</sup> grade throughout the Akron area. The Youth Volleyball Program will be a fun and positive place for kids to develop fundamental skills, meet new friends, and develop a passion for the game. This program will be held once a week at the designated locations listed below for 5 weeks and will wrap up with an end of season tournament.

**Dates:**

Friday, November 20<sup>th</sup> - Saturday January 2<sup>nd</sup>, 2016

**Cost:**

\$20.00 per child (Money Order Only- Payable to City of Akron)

**Where:**

BETTY JANE CLC: Tuesdays 6:00-7:00pm (3-4<sup>th</sup>) & 7:00-8:00pm (5-6<sup>th</sup>)  
Dates: 11/24, 12/1, 12/8, 12/15, 12/22

RESNIK CLC: Wednesdays 6:00-7:00pm (3-4<sup>th</sup>) & 7:00-8:00pm (5-6<sup>th</sup>)  
Dates: 11/25, 12/2, 12/9, 12/16, 12/23

SAM SALEM CLC: Fridays 6:00-7:00pm (3-4<sup>th</sup>) & 7:00-8:00pm (5-6<sup>th</sup>)  
Dates: 11/20, 11/27, 12/4, 12/11, 12/18

**\*Participants may only sign up at one location per week**

**Tournament Date:** Saturday January 2<sup>nd</sup> @ INNES CLC 1-3pm (3-4<sup>th</sup>) & 3-5pm (5-6<sup>th</sup>)

**For More Information:**

Contact Melvin Blake at 330-375-2855 or [mblake@akronohio.gov](mailto:mblake@akronohio.gov)

Contact Jeff Mourton at 330-375-2853 or [jmourton@akronohio.gov](mailto:jmourton@akronohio.gov)



## REGISTRATION FORM

Complete and submit with **NON-REFUNDABLE MONEY ORDER** made payable to **The City of Akron**. **CASH OR PERSONAL CHECKS WILL NOT BE ACCEPTED!** Complete this registration form and mail or drop off to 220 S. Balch St. Akron Ohio 44302, 2<sup>nd</sup> floor. **Parent or guardian must sign this registration form.**

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_ M OR F \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY AND ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SCHOOL \_\_\_\_\_ CITY WARD \_\_\_\_\_

GRADE \_\_\_\_\_ LOCATION WHERE YOU WILL PARTICIPATE \_\_\_\_\_

EMAIL \_\_\_\_\_ CIRCLE SHIRT SIZE Youth Sizes: S M L Adult Sizes: S M L XL XXL

### PARENTAL PERMISSION FORM

I hereby give my child/ward permission to participate in this City of Akron Recreation Bureau program. I understand that this program has certain risks and could result in injury to my child/ward. I agree to hold harmless and free from liability the City of Akron Recreation Bureau and Akron Public Schools, as well as their agents, employees or sponsors for any injuries which may occur to my child/ward as a result of their participation in this program. I understand and agree that my child/ward must follow the instructions given by the instructor and he/she must follow the rules and regulations of the City of Akron Recreation Bureau and the instructors. I hereby confirm my child's/ward's physical fitness and ability to participate in this program.

**SIGNATURE** \_\_\_\_\_

Parent or Guardian

Date

**Persons with disabilities needing assistance are asked to contact Billy Soule, Assistant to the Mayor for Community Relations, 166 South High Street, Akron, OH 44308, 330-375-2189 (VOICE), 330-375-2345 (TDD), at least seven (7) days in advance.**

**Visit our website at <http://www.akronohio.gov/cms/sports>**