



4th & 5th GRADE COED VOLLEYBALL 2021



To: All 4th & 5th Grade Parents:

The Recreation Department, along with your child's school, will provide a Coed Volleyball Program this fall. This program is open to all boys and girls in the 4th & 5th grades and is a recreational type program with the emphasis on fun and learning.

Games will be played on Mondays and Wednesdays at 4:15, 5:00, or 5:45 p.m. from September 22 - October 18, 2021. There will be separate divisions for each grade.

Each team is required to have at least one adult volunteer coach. If you are interested in helping out, please contact the principal or athletic coordinator at your child's school. The teams are formed at the schools. There will be a **coaches/captains meeting** scheduled for **Monday, September 20 @ 5:00 p.m.** at the Recreation Department classroom. Please enter through door #3.

Please check with the athletic coordinator or your coach to see if there is a minimal fee to students for this program.

If your child is interested in participating in this program, please fill out the bottom portion, read & sign the concussion policy, and return to your child's school office or the athletic coordinator, **[NOT]** the Recreation Department, before Wednesday, September 15, 2021. Please include an emergency phone number where you can be reached at the time of games or practices.

***NOTE TO PARENTS:** The Recreation Department does not provide accident or hospital insurance for people participating in department sponsored activities. All parents & players must read and sign the "District Concussion Policy" before participating.*

 CUT HERE AND RETURN TO YOUR SCHOOLS ATHLETIC COORDINATOR BY WEDNESDAY, SEPT. 15th

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Parents: Coaches for these teams are parent volunteers. **Without your assistance**, the opportunity for your child to participate may be limited. Please consider helping out. All coaches will need to fill out a background check form, concussion form, and return them to your school's office.

I can assist by being a **head coach** and will find others to assist me as needed

I can assist by being part of a **coaching group** (two or more adults sharing responsibility)



My child, _____, has my permission to participate in the Recreation Department 4th & 5th Grade After School Coed Volleyball Program.

Parent's Name: _____

Email: _____

Phone: _____

NOTE: I have read, signed and returned the "Concussion Policy" form to my child's school. _____ Yes _____ No

Parent's Signature: _____