



Meet you there!

Youth Volleyball League

Ages 7-14

League is played on Saturday's at local community centers for 5 weeks. Practices will be scheduled once a week by the volunteer coach. Players may sign up individually and be placed on a team or whole teams are invited to register.

- \$40/player
- Registration deadline January 29
- League begins March 5

Volunteer coaches needed!

- Coaches meeting February 10, 6:00PM at Oakland Community Center.

Youth Volleyball Clinic

Ages 6-14

Individuals will learn the basics of sportsmanship, teamwork & volleyball skills. Clinic is split up by age group and is for 4 weeks on Wednesday's from 6 – 7PM.

- \$20/player
- Clinic begins February 3

For more information:

801 NE Poplar Ave
Topeka, KS 66615
785.251.2970
prathletics@sncoco.us

Stay connected:



ShawneeCountyParksandRecreation



@SNCOParksRec



SHAWNEE COUNTY
PARKS & RECREATION

Registration Form

3137 SE 29th St
Topeka, KS 66605
785-251-2600
parksandrec.snco.us

Primary Member of Account or Parent's Name		MI	Last	DOB	Gender: M/F
Phone: Primary #	Wk/Cell #	Email Address		City	State
Billing Address	City	State	Zip		
Mailing Address	City	State	Zip		
2nd Member of Account (spouse or child)					
Phone: Primary#	MI	Last	DOB	Gender: M/F	
	Work/Cell #	Email Address		City	State
	MI	Last	DOB	Gender: M/F	
Emergency Name	Phone #				
Participant's Name	Program Title	Location	Fee		
TOTAL					
Athletics					
Participant/Team Name	Division/League	Grade Level	School	Coach Preference	Fee
TOTAL					
Circle T-Shirt Size: YS, YM, YL, AS, AM, AL, AXL, AXXL					
Does the participant require a reasonable accommodation in order to participate in this program? <input type="checkbox"/> Yes <input type="checkbox"/> No Requests must be made two weeks in advance by filling out a Special Needs Statement and Request Form in order for the service or program to be assessed.					
<small>In consideration of our participation in this activity, and in acknowledgment of the law, we hereby release and discharge Shawnee County Parks and Recreation and all persons employed or connected with this activity from any and all liability arising from illness, injuries and damages we suffer as a result of our participation in this recreational activity. We are not waiving or releasing SCPR from intentional acts of damage, nor for damages caused by the gross and wanton negligence of SCPR since the areas utilized under this program are park, playground or open area under K.S.A. 75-6104(0). We also understand that SCPR is not responsible for any costs incurred for medical services, injuries and damages to ourselves or others in connection with this activity. SCPR reserves the right to use event pictures for publications. SCPR does not discriminate against any person on the basis of race, color, sex, national origin, age or handicap in the operation of any program, activity or facility.</small>					
Signature: _____				Date: _____	
Payment must accompany registration; please choose method of payment below.					
<input type="checkbox"/> Visa		<input type="checkbox"/> MasterCard		<input type="checkbox"/> Discover	
<input type="checkbox"/> Cash (in person only)		<input type="checkbox"/> Check or Money Order payable to Parks and Recreation			
Card #(be sure to include all numbers) _____ Exp. Date _____					
Name on Card: _____ Signature: _____ Date: _____					