



**City of Bonner Springs**  
PARKS AND RECREATION



## 2019 Fall Youth Volleyball League

### Participant Information:

Name of Participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age : \_\_\_\_\_ Current Grade: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

*(Please check if applicable)* I would like my e-mail address to be used for Bonner  
 Springs Parks and Recreation and city communication.

T-Shirt Size — Youth — S M L (circle one)  
Adult — S M L XL XXL (circle one)

Friend Request: \_\_\_\_\_

Coach Request: \_\_\_\_\_

**Guardian/Emergency Contact:** Contact person for league related communication and/or emergency contact.

1. Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical

List any medical conditions if any: \_\_\_\_\_

This does not apply to my child *(check if applicable)*:

### Waiver and Release

The undersigned, understands that injuries are a natural part of many recreation activities and agrees to indemnify, hold harmless and release the City of Bonner Springs Parks and Recreation (BSPR), their agents and employees from any and all liability for any injury which may be suffered by the above named individual(s) registered in this activity arising out of or in any way connected with participation in this activity. The undersigned and participant authorize the BSPR to use at its discretion any photograph (s) taken of the participants while participating in any activity and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph (s) or reproductions thereof. I have read the above statement, understand and agree to the conditions set forth. I agree to abide by all policies and guidelines set forth by the BSPR regarding this program.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

### **WELCOME TO THE BSPR GIRLS' VOLLEYBALL LEAGUE PROGRAM!**

The goal of the BSPR Girls' Volleyball League focuses on fundamental skills, fun, participation, and social interaction throughout practice and organized games. The BSPR sports programs are designed to provide opportunities and participation to all, regardless of skill or ability. We wish to provide youth with a FUN learning experience and the opportunity to develop lifetime leisure skills.

### REGISTRATION INFORMATION

- Sign up at the Community Center: 200 E. 3rd St
- Or register online at [www.bonnerrsprings.org](http://www.bonnerrsprings.org)
- Registration Deadline: Friday, Sep 20th
- After Sep 20th: \$10 late fee

#### Resident Fees:

First Child: \$45  
Second Child: \$42.50  
Additional Children: \$40

#### Non-Resident Fees:

First Child: \$50  
Second Child: \$47.50  
Additional Children: \$45

### PROGRAM INFORMATION

- 2nd-8th Grade
- The BSPR reserves the right to restructure any age division.
- Divisions: 2nd-3rd grade, 4th-5th grade, 6th-8th grade
- Siblings in the same age division will be placed on the same team

### PRACTICE AND GAME TIMES

- 1-2 practices a week starting Monday, October 7th
- Doubleheader games on Saturday if necessary
- Play at the Community Center
- 8 game schedule starting October 19th
- Rainout Line: 816-871-5047

### EQUIPMENT

- Must wear knee pads to play
- Jersey provided for gameplay
- Pictures are available for an additional fee

### VOLUNTEER COACH

I am interested in coaching my child's team.

Head Coach: Name \_\_\_\_\_

Asst. Coach: Name \_\_\_\_\_

**Mandatory Coaches Meeting will be held on  
Wednesday, October 2nd at 5:45 PM at the  
Bonner Springs Community Center!**

As a coach for the BSPR, I realize that I must complete a background check before I will be allowed to coach. **YES (please check)** \_\_\_\_\_  
Will email form to coaches.

### Recreation Assistance Program

- Anyone wishing to apply for a scholarship may do so at the BSPR Office.
- Scholarships are only for residents that live within Bonner Springs City Limits.



### FOR OFFICE USE ONLY

Payment: (Write Amt.) \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit \_\_\_\_\_  
Date: \_\_\_\_\_ Receipt # \_\_\_\_\_ Staff Initials \_\_\_\_\_