

NORWALK PARKS & RECREATION

(419) 663-6775



SPORTIES FOR SHORTIES –Spring 2014

The Norwalk Parks and Recreation Department is offering a spring introductory volleyball and tennis program for children 3-5 years old. Children will be taught basic skills and fundamentals of the sport volleyball and tennis. This six week beginner program will also introduce some rules and coordination through different games and activities. The program will be held Saturday mornings starting the week of April 26th.

Pre-registration cost by April 13th : \$18 for Norwalk City residents/students and Ernsthausen Members
\$23 for out of town students

Late registration beginning April 14th: \$5 additional per student

Anyone wishing to participate must return this contract along with the player's fee to the Ernsthausen Community Center by April 13th. Checks are to be made payable to City of Norwalk. (The Park & Rec. Dept. will not refuse participation due to an inability to pay the player's fee. Please contact the center for information).

(Please fill out completely so teams may be divided equally)

Child's Name School Member Exp.
Address City Phone
Age Birthdate Male Female Height Weight

Mother's Name Home Phone
Mother's Employment Business Phone
Father's Name Home Phone
Father's Employment Business Phone
Alternate person to be contacted Phone

Facts concerning your child's medical history including allergies, medications being taken, and any physical impairments that would be beneficial for this department to be aware of:

I agree that I will hold harmless and indemnify any rights and claims for damages against the Norwalk Parks & Recreation Dept. or the City of Norwalk for any injuries incurred during activities my child is participating in. I assume all responsibility as a result of my child being permitted to participate in the programs. The alternates listed above are hereby authorized in my absence to consent for treatment to be given to my child. In the absence of myself and all alternates listed above, I hereby give my consent for treatment deemed necessary by any acting physician or dentist.

Signature of Parent or Guardian Date

***** PLEASE SIGN BELOW IF INTERESTED IN HELPING WITH THE PROGRAM *****

NAME PHONE (H) (W)
ADDRESS BIRTHDATE
COACHING EXPERIENCE

Volunteer Signature Date

RN: Date Amt. Pd. C.C.Co (exp./) Cash G.C. Check #