

204 E. Muskegon Cedar Springs, MI 49319  
616-696-7320 www.csaparksandrec.com



# Cedar Springs Area Parks & Recreation

OFFERS



## YOUTH VOLLEYBALL

FOR GIRLS IN 3<sup>rd</sup> and 4<sup>th</sup> GRADE

**YOUR INSTRUCTOR IS ASHLEY LOWING, CSHS VARSITY COACH**

This youth clinic is designed to focus on the fundamental skills of volleyball. Our goal is to provide instruction that insures the building of character, development of skills and sportsmanship, while providing a fun and nurturing environment for our volleyball players. The four weeks will end with a game and each player getting a volleyball to take and use to work on their newly aquired skills.

**WHEN: TUESDAYS 5:00-6:00PM**  
*April 9, 16, 23 and 30*

**WHERE: CEDAR SPRINGS HIGH SCHOOL**

**COST: \$ 40.00 PER PLAYER BY APRIL 5<sup>TH</sup>**  
**\$45.00 PER PLAYER AFTER APRIL 5<sup>TH</sup>**

REGISTRATION CAN BE MADE VIA CASH OR CHECKS MADE PAYABLE TO "CSAPR" BY MAILING OR DROPPING  
OFF AT CSAPS HILLTOP IN OUR DROP BOX OR YOU CAN GO AND PAY ONLINE VIA CREDIT CARD FOR A SMALL PROCESSING FEE AT  
[REGISTER.CSAPARKSANDREC.COM](http://REGISTER.CSAPARKSANDREC.COM)

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Participant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Parents Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Address: \_\_\_\_\_ City & Zip \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Nighttime Phone: \_\_\_\_\_  
Name of township/city of residence: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

*-I am aware of the possibility of injuries that exist with the participation in all recreational programs. I understand the Cedar Springs Area Parks & Recreation Dept., Cedar Springs Public Schools, and the instructors are NOT responsible for injuries that may occur during camps, clinics, and programs or for personal items brought to the programs.*

*-I authorize, without compensation, that any images of the participant taken during this program to be deemed the exclusive property of CSAPR and free for use in marketing, social media or any other publication connected with CSAPR.*

*-I have seen the weather policy and the refund and exchange policy and understand them.*

**\*\*\*CHILDREN PARTICIPATING MUST ALSO HAVE A CONCUSSION AWARENESS FORM ON FILE WITH CSAPR\*\*\***

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

3 <sup>rd</sup> -4 <sup>th</sup> Grade Spring Volleyball 2019		OFFICE USE ONLY CASH CHECK # _____ ONLINE AMOUNT PAID \$
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