



YOUTH VOLLEYBALL SEASON

WHO: Girls entering 3rd-6th grades
*We will split teams into 3rd/4th and 5th/6th teams

WHEN: Practices and Game Schedules TBD

HOW TO REGISTER: Forms can be found at the Viking Center or online at:
<https://www.stantoniowa.com/viking-center/>. Registrations and payment can be dropped off at the Viking Center, or Stanton Community School, or sent via mail to: Viking Center, P.O. Box 42, Stanton, IA 51573

- Jerseys will be worn for games (the same jerseys as worn in basketball and softball) Participants will wear their own black shorts
- Game schedules will be available once practice begins
- Parents will need to be available to help with the Stanton tournament (tentatively to be held on Saturday 9/14) – More information to come

COST:
VC Family OR Student Members: FREE
Non-Members: \$30.00
 *Jersey not included in price (see below)

REGISTRATION DEADLINE:
 August 19th

Contact Us:
 712-829-2900 or email: vikingcenter@myfmmc.com
 Be sure to "Like" Stanton Friends on Facebook for any program information or updates!



VIKING CENTER YOUTH VOLLEYBALL 2024
REGISTRATIONS DUE MONDAY, AUGUST 19TH



Participant's Name: _____ Age: _____ Grade: _____

Parent's Name: _____

Parent's Phone: _____ Parent's Email: _____

____ VC Family Membership (Free) ____ Non-Member (\$30)
 ____ Jersey (\$27) *If Needed

**CHECKS CAN BE MADE OUT
 TO STANTON VIKING CENTER**

Game Jersey: **YS** **YM** **YL** **AS** **AM** **AL** Other: _____

****/_____, would like to help with coaching for the Viking Center Youth Volleyball Program.

Consent Agreement

By signing this Consent Agreement, you acknowledge, accept, and agree to the following

- My child is voluntarily participating in athletics and I agree to assume any and all risks of infection, injury, or death, whether those risks are known or unknown.
- I forever release the Viking Center and Staff from any liabilities, cause of actions, lawsuits, claims, demands, or damages of any kind whatsoever that I, my assignees, heirs, guardians, next of kin, spouse, and legal representatives have, or may have in the future, and related to participation in athletic events and sessions.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE OF THE RISKS OF PARTICIPATING IN ATHLETICS. I AM AWARE THAT THIS FORM CONTAINS A RELEASE OF LIABILITY.

I hereby certify that my child(s) _____ is (are) healthy and free of problems that would affect him/her from participating in the Viking Center's Youth Volleyball. In the event of injury, I wish to be contacted at the number listed above. If I am not able to be reached the emergency contact phone number will be called. In the event of an injury or illness, I understand that the Stanton Viking Center, and/or staff will not be liable for any costs or charges associated with injury or illness, I will be responsible.

Signature of Parent/ Guardian _____ **Date** _____

