



REGISTRATION FORM

Spring Youth Volleyball Clinic 2026

Player's Name: _____ Age: _____ DOB: _____
School Attending: _____ Grade: _____
Parent's Name: _____ Email Address: _____
Primary Phone: _____ Secondary Phone: _____
Address: _____ City: _____ Zip: _____

Program Summary

This clinic is for beginner-intermediate volleyball players. We will focus on teaching the fundamentals of volleyball: serving, passing, setting, hitting, and defense. Over the four sessions, we will work progressively on building these skills. The goal is to make sure that everyone is comfortable and ready to play in a volleyball game, whether in the park with friends or for their school team.

Program Information

Ages: 9 – 11 years old
Days: Fridays
Times: 6:00pm – 7:30pm
Dates: Fridays 4/10 – 5/15
Location: La Sierra Community Center Big Gym
5325 Engle Rd.
Carmichael, CA 95608

Registration Information

Dates: 3/3 – 4/10
Options: Register in person at La Sierra Community Center, over the phone at (916) 562-4783, or online at www.carmichaelpark.com

Program Fee

\$135 (Resident) / \$142 (Non-Resident)

Refunds

Refunds will be granted in accordance with the CRPD Refund Policy. For more information about our refund policy, please contact our La Sierra Office at (916) 562-4783 or visit our website at www.carmichaelpark.com

Scholarships

Partial scholarships are available to help with your program fee. For information about our scholarships, please contact our district office at (916) 562-4783 or visit our website at www.carmichaelpark.com

Payment: Payment Type: Cash Check Credit/Debit Total Amount Paid: _____

Check # (made to CRPD): _____ Cash Amount: _____

Credit/Debit Card: Card #: _____ Exp. Date: _____

Signature: _____ CVV: _____



Receipt #: _____

Carmichael Recreation & Park District
Spring Youth Volleyball Clinic: April 10, 2026 – May 15, 2026

AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the District to participate in the above-referenced activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the District (including its officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors, and assigns and that I shall indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with my participation in said activity. Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

PHOTO AND LIABILITY RELEASE

By signing this agreement, you are agreeing to release photo rights, including waiving any right of compensation, to Carmichael Recreation & Park District (CRPD). CRPD reserves the right to photograph facilities, activities, and program participants for potential future use, which may include sharing the photos with the Carmichael Recreation and Park District Foundation dba Carmichael Parks Foundation to use the photos to inform and promote the CRPD. **You further hereby release CRPD and Carmichael Parks Foundation from and against any injury or damage arising out of or related to the aforementioned activities.** All photos will remain the property of Carmichael Recreation & Park District.

PARENTAL/GUARDIAN CONSENT:(To be completed and signed by parent/guardian if Participant is under 18 years of age.)

I hereby consent that my child, _____, participate in the above-referenced activity, and I hereby execute the above Agreement, Waiver, and Release on their behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with said minor's participation in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.

Signature

Date

Name (Printed)