

2024 Women's Fall Volleyball



WHEN: Wednesdays, starting Nov. 6 FEE: \$30/Team DEADLINE: Monday, Oct. 28

Fall 4 on 4 Women's Volleyball, 2024

Team Roster

| TEAM NAME | |
|--|---|
| PARTICIPANT NAME | |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| CONTACT: | CELL: |
| **Contact person will be notified of the game s CONSENT TO PARTICIPATE | chedule and will act as the team captain** |
| We, the undersigned, do hereby acknowledge that we are aware the could conceivably result in injuries that are very serious and/or life the above is physically able to participate in this sport. The USD 244 Reaccidents and injury that might occur as a direct or indirect result of p | reatening. We further acknowledge that the participant listed creation Commission and its employees are not responsible for |
| PLEASE LIST ANY MEDICAL CONDITIONS or write NONE | |
| SIGNATURE OF TEAM CAPTAIN, acting on behalf of all team members | DATE |
| DECICEDATION INCODMATION AND DOLLCIES. | |

REGISTRATION INFORMATION AND POLICIES:

- Registration form must be completely filled out and accompanied by full payment of fees. Participants WILL NOT be registered until **both** the registration form and fees are received.
- 2. Any registration forms received after the deadline will be assessed a \$5 late fee.
- 3. When cancelling out of an activity already paid and registered for, patrons must find someone to fill the spot they are cancelling out of. Upon finding a replacement, a refund of the activity fee minus a \$5 BRC cancellation fee will be applied. If the spot is unable to be filled, no money will be refunded.
- 4. BRC will take payment by cash, check, or credit card (not Discover). Make checks payable to BRC and return form and fees to:

Burlington Recreation Center, 1110 Shea Street, Burlington, KS 66839 Questions? Call 620-364-8484 or visit our webpage @ www.burlingtonrec.com

| Office use only: | Date | Amt Pd \$ | Receipt # | Initials |
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