

JUST A LITTLE INFORMATION

ABOUT OUR LEAGUE

The City of Pico Rivera Department of Parks and Recreation is welcoming the return of Youth Volleyball! Volunteer coaches will emphasize skills such as dribbling, shooting, passing, and **TEAMWORK!**

Everyone plays!! The purpose of this program is to provide a fun and safe environment for youth to enjoy the game of volleyball, while learning the basic fundamentals.

All players will be placed in divisions based on their age as of **November 20, 2010**. Please provide a copy of a birth certificate when registering, to ensure that players are placed in the correct age division.



VOLUNTEER COACHES WANTED



Change a life by becoming a Youth Sports Volunteer Coach and experience the joys and rewards that this position brings. All coaches are fingerprinted before the season begins. For additional information:

Call: (562) 801-4454

Visit: www.pico-rivera.org

Email: recreation@pico-rivera.org

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<http://twitter.com/PRrec>

**Parks
Make
Life
Better!**

Your City Council

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City of Pico Rivera
DEPARTMENT OF PARKS & RECREATION

CO-ED YOUTH VOLLEYBALL LEAGUE

Registration Dates:
June 5 - August 28

FALL 2010



Youth Volleyball Fast Facts!

REGISTRATION

Registration fees are \$40 per player and are being accepted at:

Pico Park: 9528 Beverly Blvd.

Rio Hondo Park: 8421 San Luis Potosi Pl.

Rivera Park: 9530 Shade Ln.

Smith Park: 6016 Rosemead Blvd.

Dept. of Parks & Rec: 6767 Passons Blvd.

Please bring a copy of the participant's birth certificate when registering. Park sites only accept credit card, check or money order payments. Cash payments are accepted at the Department of Parks & Recreation.

PRACTICES

Practices will be held twice a week for one hour, beginning in mid/late September. All practices will be held at Pico Park or Rivera Park. Practice days, times, and locations are determined by coaches.

REGISTRATION LOCATION DOES NOT GUARANTEE PRACTICE SITE!!

GAMES

Games will be played on Saturdays, with the possibility of Friday evening or Sunday afternoons, depending on the number of teams. All games will be played at Pico Park and/or Rivera Park. All divisions will rotate game times and locations.

Youth Volleyball Registration Form

PARTICIPANT INFORMATION:

Participant's Name: _____ Male: _____ Female: _____

Date of Birth: _____ Age (as of September 18, 2010): _____ Grade: _____

T-Shirt Size (Circle One*): **YM (10-12)** **YL (14-16)** **AS** **AM** **AL** **AXL** **AXXL**
*T-shirts are available to try-on at park sites. If an incorrect t-shirt size is ordered, there will be a \$10 reorder charge!

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Cell/Emergency Phone: _____

Email: _____

Course Activity Number: _____

COACHING INFORMATION

Are you interested in coaching a team? YES _____ NO _____
If yes, what is your relationship to the participant? _____
How may we contact you? _____

CITY OF PICO RIVERA HOLD HARMLESS AGREEMENT

I agree to waive and release the City of Pico Rivera and it's officers, agents, and employees from and against any and all claims, cost liabilities, expenses or judgments, including attorney's fees and court cost arising from my (or my child's) participation in the City's recreation program or any illness or injury resulting therefrom, and hereby agree to indemnify and hold harmless the City of Pico Rivera from and against any and all such claims, whether caused by negligence or otherwise, except for any claims resulting from the sole negligence, gross negligence, or intentional conduct on the part of the City or its employees. I understand that by signing this waiver, I am freeing the City of Pico Rivera and its employees, officers, or agents from any liability resulting from my (or my child's) participation in this event or activity. I hereby represent that I understand and am familiar with the nature of the activities in which I (or my child) will participate in this recreation program. I personally read and understand this release.

CITY OF PICO RIVERA PHOTO/VIDEO RELEASE

I give my permission to the City of Pico Rivera to photograph/video tape me or my children participating in the programs for use in the City of Pico Rivera publicity and publications and will not seek compensation for such. Videos/photos will be used for the purpose of promoting various programs and services to the community.

Parent/Guardian Signature: _____ Date: _____