



presents:

# CYO VOLLEYBALL DAY



Join us for a full day of volleyball fun on **October 15<sup>th</sup>** at Capitol Sports Center! The second annual CYO Volleyball Day will be open for all **CYO 4<sup>th</sup>-8<sup>th</sup> graders**. Since CYO Volleyball takes place in the winter, we wanted to create an exciting day to keep our minds and bodies ready for the upcoming volleyball season! This day will be open to players of all ability levels. Check out our day of activities!

9:15-9:30am	Participants arrive / Registration
9:30am-12pm	SESSION 1: Sharpen up individual skills / Drill work
12-1pm	Break for Lunch & fun team activities
1:15-3:15pm	SESSION 2: Show off skills with Competitions, both Individual and Team
3:15-3:30pm	Awards & Giveaways!

All participants will be provided pizza for lunch and a CYO Volleyball Day t-shirt. The cost for the full day of activities is **\$50**. Be sure to sign up today before all spots are filled! Call Kristine at (317)839-5222 or email [wheels@capitolsportscenter.com](mailto:wheels@capitolsportscenter.com) if you have any questions.

Complete the following and mail it along with payment to: Capitol Sports Center, 1915 Gladden Road, Plainfield, Indiana 46168

Participant Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Position: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

*Note: This form must be read and signed before any participant is allowed to take part in any session. By signing this form, the participant's parent/guardian affirms having read it.*

### Sponsoring Organization: Capitol Sports Center

In consideration of my involvement under the auspices of the sponsoring organization, I acknowledge and agree that:

1. Participants risk bodily injury, including paralysis, dismemberment and death, as well as loss or damage to property.
2. I knowingly and freely assume all such risks: and
3. I, for myself and on behalf of all my heirs, assigns, and next of kin, hereby release hold and promise not to sue the Capitol Sports Center, its officers, official agents and/or employees, with respect of any and all such injury, paralysis, dismemberment, death and/or loss of or damage to property except that which is a result of gross negligence and/or wanton misconduct.

*I have read the above and release, and understand that I have given up substantial rights by signing it.*

Parent / Guardian Signature: \_\_\_\_\_

Parent / Guardian Printed Name: \_\_\_\_\_