

Capitol Sports Center and the Circle City Volleyball Club present the

# 2017 FRIDAY NIGHT DEVELOPMENT PROGRAM

The Friday Night Development Program is available for 1st through 5th grade girls and boys. These sessions will focus on introduction to volleyball and break down of the fundamental skills. There are no try-outs for this program. We will have two sessions and you may sign up for one or both. Each session will be seven weeks and will meet on Friday's from 6:00 to 7:30pm. The cost for each session is \$140 and includes a free t-shirt. If you have any questions call our office at (317) 839-5222.

Complete the following and return with payment to: Capitol Sports Center, 1915 Gladden Rd, Plainfield, IN 46168  
You may also register online at [www.capitolsportscenter.com](http://www.capitolsportscenter.com)

_____ <b>Session 1</b> (\$140)	_____ <b>Session 2</b> (\$140)
<ul style="list-style-type: none"><li>• January 13, 20, 27</li><li>• February 3, 10, 17, 24</li></ul>	<ul style="list-style-type: none"><li>• April 7, 14, 21, 28</li><li>• May 5, 12, 19</li></ul>

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