

Casper  
 After  
 School  
 Program for  
 Education &  
 Recreation

# 4th & 5th Grade Recreational Boys' & Girls' Volleyball League



Register by: September 1st

Games are September 21—October 26

Practices held weekdays at schools;  
 games held Saturday at the Casper Recreation Center

**\$15 per participant**

**Register at the Casper Recreation Center**

**Community Recreation Foundation scholarships available.  
 For more information call 235-8383**

**Info & schedules available at  
[www.crlasports.com](http://www.crlasports.com)**

**COACHES:** Our program relies heavily on volunteer coaches. Please indicate below if you or anyone you know is willing to coach the school's team. Background checks will be completed with all coaches.

*Parents and spectators will be allowed in the court area during the time of games. Children who aren't playing must be accompanied by an adult at all times. Spectators are highly encouraged to attend games.*

*The City of Casper wants to ensure that games are fair, positive and enjoyable experiences for all that are involved. The City of Casper expects all athletes, coaches/managers, officials and spectators to hold themselves to high standards of sportsmanship.*



*The C.A.S.P.E.R. program has an "everyone plays" philosophy and emphasizes sportsmanship, teamwork, and fun!*

**Volleyball**

Player's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
 Parent's Email Address \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Tee-shirt size: (Circle one)      YS (6-8)      YM (10-12)      YL (14-16)      AS      AM      AL      AXL

***Our program depends on volunteers! Add your contact information below if interested in coaching.***

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Register online at [www.crlasports.com](http://www.crlasports.com) or at the Casper Recreation Center 1801 E 4th St. (307)235-8383**

In registering for this activity, I agree to abide by the established rules of the facility and the governing bodies. I understand that the City of Casper and the Natrona County School District do not carry insurance for participants in recreation programs. I also agree to release the City of Casper, Natrona County School District, the supervisor, instructor and/or other City of Casper or NCSD, the Casper Recreational Leagues Association and the Community Recreation Foundation from any responsibility for damages or injuries which might occur during my participation in this activity.

Parent's Printed Name: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (Parent's signature required)