



VOLLEYBALL

(Adults)

Tuesday night's 6:30 to 9:00 Paxton Center School Gym

\$35.00 per each 10-week session \$5.00 per week – drop-in fee

Starting September 12th through June

Name: _____

Address: _____

City: _____ Zip Code: _____

Phone:(H): _____ (C): _____

I agree not to hold responsible the Paxton Recreation Commission; the Town of Paxton; the owners of the premises where the program is held; or any of the parties connected with the program for any injury or accident that may occur during the program. I understand that if my child becomes a discipline problem, he/she will be dismissed from the program and no money will be refunded. I also grant permission for the Recreation staff to seek medical care for myself or my child in the event that a family member cannot be reached. (All participants in any town recreation program must complete this waiver.)

Signature: _____ Date: _____