Volleyball

Rochambeau Middle School

Intramural Volleyball

Rochambeau Middle School will offer an Intramural Volleyball program to students in grades 6-8. Practices will be held at Rochambeau Middle School on a variety of dates in winter. Practices will start at 2:45 p.m. and finish at 4:00 p.m. Participation will be based on the first 50 registrants.

The Intramural Volleyball program will give participants the opportunity to improve their skills incorporated in a game. Such as the forearm pass, set, spike, block and serve.

Please complete the attached registration form and return it with fee to Ms. Ristow by Thursday, December 21st. Only checks will be accepted.

For more information contact Ms. Ristow at gristow@region15.org

Intramural Practice Schedule

Thursday, January 11
Thursday, January 18
Thursday, January 25
Tuesday, January 30
Thursday, February 1
Wednesday, February 14
Thursday, February 15
Wednesday, February 21
Thursday, February 22
Monday, February 26
Region 15 Intramurals

RMS Middle School Volleyball

 Fee: The fee for this session is $25 per participant. Make checks payable to Region 15.

 Coach: Ms. Geri Ristow

 Registration: Sign the consent form below and complete the contact information.

 Return to Ms. Ristow

 *Each child must register separately

 *Only checks will be accepted please make checks payable to Region 15

 *Questions Call 203-264-2711

 Student Name_______________________________________ Grade_______

 Home Phone____________________________ Student Cell__________________

 Address__________________________________________________________________________

 Father’s Name_______________________________________________________________

 Father’s Work Phone Number____________________ Cell__________________

 Mother’s Name_______________________________________________________________

 Mother’s Work Phone Number___________________ Cell__________________

 Indicate any information that you consider of importance in case of serious injury.

 *Make checks payable to Region 15

 List any medical conditions that may effect your child’s safe participation.

 1. __________________ 2. __________________ 3. __________________

 I agree to hold Regional School District 15 and any person connected therewith, harmless from any and all claims from bodily injury and property damage arising from the use of facilities or during the course of an activity sponsored by the above organizations. I give my permission for my child, named above to participate and understand that such activity involves the potential for injury, which is inherent in all sports. Injuries are always a possibility. On rare occasions, these injuries can be so serious as to result in total disability, paralysis or even death.

 Parent/Guardian Signature and Date

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