

TACONIC HILLS CONTINUING EDUCATION

Fall 2018

Recreational Volleyball

Fun and vigorous, this volleyball course offers volleyball enthusiasts an open format. Great exercise and good-natured competition complete this popular aerobic activity. Some prior knowledge or experience of the game is required. A minimum of ten participants are required for the program to run. You must sign up in advance. Pre-registration and payment are required. Under no circumstances are walk-ins allowed. This is a non-instructional course; it is recreational.

Date: Thursdays, November 8th – April 18, 2019

Time: 6:00 PM—9:00 PM

Instructors: Kathleen Sigler & Eileen Olson

Tuition: \$25 per person

Location: Junior High School Gym

PARTICIPANT RELEASE

_____ does hereby covenant and agree to release and hold harmless the Taconic Hills Central School District from and against any liability, loss, damages, claims or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law, arising out participation in the Taconic Hills CSD Continuing Education Program. I understand participation in the Taconic Hills CSD Continuing Education Program may involve rigorous physical activity and risks of physical activity injury. I understand that the risks include a full range of injuries, from minor to severe, including death. Although protective equipment may be used, safety rules employed, coaching instruction provided, medical care provided and other efforts taken, there is no guarantee that I will not be injured. I hereby consent to emergency transportation and treatment in the event of illness or injury. I hereby accept the responsibility for the payment of any emergency transportation or treatment. I further certify that I am in good physical condition and I have no medical or physical conditions that would restrict my participation in this event.

I agree to assume and accept these risks.

PARTICIPANT SIGNATURE

DATE

Emergency Contact Information:

Emergency Contact Name: _____

Relationship to Participant: _____

Telephone Number(s): _____

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REGISTRATION FORM

Name: _____

Address: _____

Telephone: _____

Cell Phone: _____

Email: _____

**Please complete and return by email to: lmiller@taconichills.k12.ny.us
by Thursday, November 1, 2018 at 12:00 pm**

*Make checks payable to THCSD and mail to Linda Miller, District Treasurer
Taconic Hills Central School District, 73 County Route 11A, Craryville NY 12521*