

experience this!



THE HOTTEST SPORTS PROGRAM IN CANADA

*Enjoy 8 weeks of volleyball instruction
for female youth ages 8-13*

City of Kitchener Community Services Department

Register

Online at www.kitchener.ca; or by mail to:
Community Services Department
Box 1118 Kitchener ON N2G 4G7
Please use program code 112887

Dates

Thursdays
October 13 – December 8
(no class Nov 17)
6:30 pm to 8 pm

Where

Blessed Sacrament Catholic School
367 The Country Way
Kitchener

SPIKES Volleyball has been developed by Ontario
Volleyball.
SPIKES Kitchener is authorized to deliver the SPIKES
Volleyball program in this community.

Program offered by



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Program Information:

About SPIKES!

Ontario Volleyball and Volleyball Canada have worked together to modify the game of volleyball to make it more accessible and fun for youth 8-13. Playing 3 per side, everyone gets to touch the ball. The ball is softer, so it doesn't hurt your arms, and the net is lower so that everyone experiences greater success. The drills and games are designed so that everyone has lots of fun and learns volleyball skills like never before! And, most importantly, we teach communication and sportsmanship, as the root of being a good athlete.

SPIKES Volleyball location: Blessed Sacrament CS

The Country Way, Kitchener

Program Dates:

Thursdays, Oct 13 to Dec 8
(no class Nov 17) 6:30 pm to 8 pm

Questions?

Contact Bob Cheyne at bob.cheyne@kitchener.ca or by phone at 519-741-2689.

How to Register:

Register online through the City at www.kitchener.ca OR by calling 519-741-2907. The program fee is \$80 (payable to City of Kitchener).
When registering, please refer to program code 112887.

Registration Form Name: _____
Address: _____
City: _____ Postal Code: _____
Date of Birth (dd/mm/yyyy): _____ Gender: Male Female
Parent/Guardian Name: _____ Parent/Guardian Phone: _____
Medical Concerns: _____
Email Address: _____ Program Code : _____

T-Shirt Size: Youth Medium | Youth Large | Youth XL | Adult Small | Adult Medium | Adult Large | Adult XL

Personal Information & Photo Release, Waiver and Indemnification: I understand Ontario Volleyball (OVA) and the City of Kitchener gathers personal information about each of its participants, including name, address, email, telephone number, gender and date of birth. This information is used for the purpose of communications from OVA and the City with regard to OVA and City programs, events, promotions, and sponsorships. The information is also used by Volleyball Canada for annual registration and membership demographics. OVA and the City of Kitchener requests medical and emergency contact information to use in case of a medical emergency.

I understand that Ontario Volleyball and the City of Kitchener has the right to take photographs, videotape, or digital recordings of me at its programs, to be used in any and all media. I am aware that by giving consent, I am permitting my name and image to be posted on the OVA and City website, provided to media, and used in publications, which can be viewed by anyone who accesses the OVA and City websites, external media, or publications. I understand that I may withdraw consent to the collection, use or disclosure of my personal information at any time by contacting the OVA Privacy Officer (privacy@ontariovolleyball.org).

Upon acceptance as a participant of Ontario Volleyball and the City of Kitchener, I agree to abide by the rules and procedures of the OVA as approved through the By-Laws, Rules and Regulations of the OVA and the City. As a participant of the OVA and City of Kitchener I shall uphold the high standards of the OVA and City and shall never do anything to damage the reputation of the OVA or City of Kitchener. I understand and agree that the OVA and City of Kitchener and/or any of its coaches, program coordinators, officials, affiliates, or sponsors are not responsible for any injury, damage or loss resulting from my accident from known or unknown conditions howsoever caused. I also understand and agree that any violation of this contract may result in the immediate termination of my participation.

Parent/Guardian Signature: _____ Date: _____



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