

REVSPORTS YOUTH VOLLEYBALL

These programs, for youth ages 6-11, will help players learn and enhance their serving, passing, setting and spiking skills. Fun activities with age-appropriate court layouts and balls are used to foster learning and individual player development. Classes are open to all ability levels and run by RevSports Staff.

Mondays, January 22-February 12

311601-A MightyStars, Ages 6-8, 6:15-6:55 p.m.

311602-A SkillStars, Ages 8-11, 7-7:40 p.m.

Mondays, March 4-April 1 (no class 3/25)

311601-B MightyStars, Ages 6-8, 6:15-6:55 p.m.

311602-B SkillStars, Ages 8-11, 7-7:40 p.m.



Location: Crystal Community Center, 4800 Douglas Drive N

\$65 Residents of New Hope, Crystal and Robbinsdale

\$72 Nonresidents

Register with: New Hope Parks and Recreation
4401 Xylon Ave N
New Hope, MN 55428

Refunds, program credits, or transfers are allowed up to one week prior to the start of the program. In the event of illness or injury, refunds may be given after the deadline. A doctor's written verification is required. All refunds are subject to a \$5 service fee. Confirmations are not sent. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Phone registrations accepted with a major credit card.

QUESTIONS? Call 763-531-5151.

Online Registration...Go to webtrac.nhrecexpress.com.

 facebook.com/newhoperecreation

Revolutionary Sports Volleyball - Winter 2024

Participant Name _____ Phone (s) _____

Address _____ City _____ Zip _____

Birthdate _____ Grade _____ Sex (M or F) _____ Parent/Guardian _____

Does participant have a special need? _____ Email _____

Activity/Course _____ Date(s) _____ Time _____ Amount Enclosed \$ _____

I, the undersigned parent or guardian, authorize the City of New Hope to disclose to the City's insurer, attorney, staff, coaches, and other personnel involved in this program, the participant's name, address and telephone number for the purpose of program administration. I understand that the records are protected under state and federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law. I hereby agree to allow the individual named herein to participate in the aforementioned activity, and further agree to hold the City harmless for any claim resulting from participation in this activity. I further give consent for any photos or videos taken during the program to be used by the City for promotional materials.

Parent/Guardian Signature _____ Date _____

Am Ex/Discover/MC/Visa _____ Exp Date _____ Security Code _____