

The Village of Dobbs Ferry  
Parks & Recreation Department  
presents

# Co-ed Drop in Volleyball

**Who:** For Adults over 18 years of age.  
**When:** Wednesday Nights  
**Location:** Dobbs Ferry Middle School gym from 8 - 10 PM  
**Dates:** The dates are as Follows:

October 11, 18, 25  
November 1, 8, 15, 29  
December 6, 13, 20  
January 3, 10, 17, 24, 31  
February 7, 14, 28  
March: 7, 14



**Fee:** \$30.00 for residents and \$40.00 for non-residents.

Mail registration form and payment to Dobbs Ferry Parks & Recreation,  
112 Main St., Dobbs Ferry, NY 10522. Please make checks Payable to  
**"Village of Dobbs Ferry"**.

Registration available online at:  
[www.dobbsferry.com/recreation-department](http://www.dobbsferry.com/recreation-department)

**Please note we do not have this program when school is closed.  
Maximum of 24 Participants**

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Dobbs Ferry Parks & Recreation Department  
105 Palisade Street, Dobbs Ferry, NY 10522  
**Volleyball Registration Form**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Gender: \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Program: **Co-ed Volleyball** Fee: \$ 30.00 for residents \$40.00 for non-residents

For office use only: Cash _____ Check # _____
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As a participant in the above program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risks of any injuries, damages or loss which I or my child may sustain as a result of such participation. I further understand that the Village of Dobbs Ferry does not provide accidental medical coverage and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Village of Dobbs Ferry, Parks and Recreation Department, its officers, agents and employees from any and all claims.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**For more information, please call 693-0024.**