



NORWALK PARKS & RECREATION
100 Republic Street (419) 663-6775 www.norwalkrec.com

YOUTH VOLLEYBALL – Spring 2026

*** PROGRAM INFORMATION SUBJECT TO CHANGE AT ANY TIME ***

Boys & Girls (1 – 2nd Grade)

- 5 Instructional Clinics
- Sat AM starting March 7

Boys & Girls (3 - 5th Grade)

Clinic: Feb 18, Times TBA
Games: Sat AM starting March 7

Registration cost by Feb 8: registration open until rosters fill
checks payable to 'City of Norwalk'

1-2 grade

\$25 for Norwalk City residents/students & Ernsthausen Members
\$35 for out of town students

3-5 grade

\$35 for Norwalk City residents/students & Ernsthausen Members
\$45 for out of town students

Late registration cost as of Feb 9: \$5 late fee

*(The Park & Rec. Dept. does offer financial assistance for youth fees.
Please contact the center for information).*

****All forms must be turned into the Ernsthausen Recreation Center, 100 Republic Street, Norwalk****

Child's Name _____ School _____ Member Exp. _____

Address _____ City _____ Phone _____

Grade _____ Birthdate ____ / ____ / ____ Male _____ Female _____ Height ____ ' ____ " Weight _____

PARENT EMAIL _____

(3-5th grade) Circle T-shirt Size: Youth Sm. Youth Med. Youth Lg. Adult Sm. Adult Med. Adult Lg.

Mother's Name _____ Home Phone _____

Mother's Employment _____ Business Phone _____

Father's Name _____ Home Phone _____

Father's Employment _____ Business Phone _____

Alternate person to be contacted _____ Phone _____

Facts concerning your child's medical history including allergies, medications being taken, and any physical impairments that would be beneficial for this department to be aware of:

I agree that I will hold harmless and indemnify any rights and claims for damages against the Norwalk Parks & Recreation Dept. or the City of Norwalk for any injuries incurred during activities my child is participating in, including but not limited to exposure to or illness resulting from COVID-19. I assume all responsibility as a result of my child being permitted to participate in the programs. The alternates listed above are hereby authorized in my absence to consent for treatment to be given to my child. In the absence of myself and all alternates listed above, I hereby give my consent for treatment deemed necessary by any acting physician or dentist.

Signature of Parent or Guardian _____ Date _____

Requests to be with certain players or coaches will not be made except in same household!!!

Interested in helping coach a team?

New Coach Returning Coach

Name _____ Phone _____

Social Security # ____ / ____ / ____ Birthdate ____ / ____ / ____ Email _____

Experience _____

I _____ give permission to the Norwalk Parks & Recreation Dept. to perform the necessary background screenings, which may include driving history, criminal conviction history, and general public history.

Volunteer Signature _____ Date _____

RN: _____ Date: _____ Amt. Pd. _____ Initials: _____ SCA form

YOUTH SPRING VOLLEYBALL

2026