

**Mason Dixon Volleyball Club**  
**2015-2016**

**Recreation Center Program Membership**

**\$15.00 per player (15-18yrs) runs Dec-April**

***Checks Payable to: SGRPRC***

**This fee is for a program membership here at the Spring Grove Regional Parks and Recreation Center during club volleyball season. The use of the fitness center is also included with this membership. Additional paperwork is necessary to use the fitness center please call 717-225-9733 Ext. 3**

**Practice Schedule**

**Starts December 2015**

**Wednesdays and Sundays**



**Questions Contact: Dean Marcionette at 717-586-0405**  
**deanmarcionette@hotmail.com**

**Or Recreation Center at 717-225-9733 Ext. 3**  
**springgroverec@comcast.net**

**Volleyball Club Membership 2015-2016**

Cut along line and return form with payment to enroll in class session. Any questions may be directed to 717-225-9733 Ext. 1  
Checks should be made payable to SGRPRC and sent to 50 North East St. Suite 1 Spring Grove Pa 17362

Name: \_\_\_\_\_ Borough/Township Residing: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: M or F Email: \_\_\_\_\_

Fee Due: \_\_\_\_\_

I fully understand and accept the risks involved in participating g in any strenuous activity and I absolve the Spring Grove Regional Parks and Recreation Center and Spring Grove Borough from all liability for any personal injury incurred through my participation in any Spring Grove Regional Parks and Recreation Center sponsored education and/or physical activity program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Only if registrant is under 18 years of age)

