

Freetown Lakeville Campus Programs Department

2018-19 ADULT MEN'S VOLLEYBALL – MONDAY NIGHTS FROM NOVEMBER 5, 2018 TO MAY 6, 2019*

No volleyball on following dates due to holidays: 11/12, 12/24, 12/31, 01/21, 02/18, and 04/15

Location: George R. Austin Intermediate School, 112 Howland Road, Lakeville, MA 02347

Time: 6:00 – 9:30 p.m.



2018-19 ADULT WOMEN'S VOLLEYBALL – TUESDAY NIGHTS FROM NOVEMBER 6, 2018 TO MAY 7, 2019*

No volleyball on the following dates due to holidays: 12/25 and 01/01

Location: Freetown Lakeville Middle School, 96 Howland Road, Lakeville, MA 02347

Time: 7:30 – 10:15 p.m.

2018-19 ADULT CO-ED VOLLEYBALL – WEDNESDAY NIGHTS FROM NOVEMBER 7, 2018 TO MAY 8, 2019*

Location: Freetown Lakeville Middle School, 96 Howland Road, Lakeville, MA 02347

Time: 7:30 – 10:15 p.m.

Fee: \$110 = \$10 Non-refundable registration fee plus \$100 program fee per person or
\$160 = \$10 Non-refundable registration fee plus \$150 program fee per person for two leagues
Checks made payable to FLRSD (Freetown Lakeville Regional School District) **NO CASH ACCEPTED**
Online payment link: <https://unipaygold.unibank.com/Default.aspx?customerid=940>

A registration form must be filled out plus the \$10 non-refundable fee before you can participate in the adult volleyball program. Forms can be mailed to Diane Czapiga, Campus Programs Director at address below.

*If there is no school due to a holiday, vacation or weather cancellation, the program is also canceled for that night.

2018 – 19 Adult Volleyball: _____ Men's (Mondays) / _____ Women's (Tuesdays) / _____ Co-Ed (Wednesdays)

Name: _____ Address: _____ Check Amount: _____

Email (print clearly): _____ Online Payment: _____ or Check No. _____

Telephone: _____ Emergency Contact Name and Number: _____

Medical Conditions: _____ Insurance Provider: _____

The above named individual is in appropriate physical condition and possesses the proper health insurance to participate in the activities that have been indicated. I hereby release and save harmless the towns of Freetown and Lakeville, the Freetown – Lakeville Regional School Committee and the Freetown – Lakeville Regional School District any and all liability for any injuries, loss, or other claims arising out of or resulting from or incurred during the use of school facilities and property by the person or persons identified above. I agree, by my signature, to abide by the rules of fair play and good sportsmanship policies of the Campus Programs Department.

Signature: _____ Date: _____

Checks payable to FLRSD (Freetown Lakeville Regional School District)

Mail Form & Payment:
Diane Czapiga, Campus Programs Dept
112 Howland Road, Lakeville, MA 02347

For more information, contact Diane Czapiga, Campus Programs Director, at (508) 923-2000, Ext. 1719 or dczapiga@freelake.org

Office Use Only: Check Number: _____ Check Amount: _____ Date Paid: _____