



# Washington Volleyball Academy



## 2009 SPRING VOLLEYBALL LEAGUE 3<sup>rd</sup> - 7<sup>th</sup> grade girls and boys!

- 5 consecutive Wednesday nights April 15<sup>th</sup> - May 13<sup>th</sup>
- Championship Tournament to be held at the Univ. of Washington!
- League nights include 1 hour of training + 1 hour of competition
- 6:30 PM - 8:30 PM
- Northshore Junior High School, 12101 NE 160th St., Bothell, WA 98011
- Team t-shirts provided
- \$120.00 league fee includes registration into USA Volleyball
- Additional \$20/player cost for UW tournament, not required
- UW tournament is held on Memorial Day

We've created a fun environment to teach basic volleyball skills for 3<sup>rd</sup> - 7<sup>th</sup> grade girls and boys. No experience necessary. Our outstanding coaching staff will show you the way to success!!

For more information, visit our website at [www.WVBA.org](http://www.WVBA.org)

Registration form is attached

Space is limited - please register early!

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Club Volleyball Experience: \_\_\_\_\_ Name of Club: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent email: \_\_\_\_\_

Home telephone #: \_\_\_\_\_ Parent cell #: \_\_\_\_\_

Special Medical Conditions: \_\_\_\_\_

**Liability Waiver and Authorization to Seek Emergency Medical Care**

On behalf of my daughter/son,

\_\_\_\_\_,  
Print name of daughter/son here

I hereby authorize the staff of Washington Volleyball Academy ("WVBA") to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release WVBA from any and all liability for injuries, illnesses or lost property incurred by my daughter and/or son while at camp.

I have no knowledge of any physical impairment that would limit the above-named camper's full participation in the camp. My signature on this waiver also states that I am aware that there are inherent risks related to my daughter's participation in the camp and the above-named camper is covered by my personal medical insurance policy listed below.

\_\_\_\_\_  
Signature (parent/guardian)      Date

\_\_\_\_\_  
Print name of parent or guardian

\_\_\_\_\_  
Emergency Contact name

\_\_\_\_\_  
emergency contact telephone number

\_\_\_\_\_  
Name of insurance carrier

\_\_\_\_\_  
Insurance policy number

Once signed, please send this form, along with a check for the full payment due (\$120.00 total which includes registration into USA Volleyball) to:

**"WVBA"**  
P.O.Box 2690  
Woodinville, WA 98072-8551  
(425) 949-1055 tel

For more information, or if you have any questions, please contact us by email at Yleague@wvba.org. We will respond within 48 hours.

List of items to bring: Shorts and court shoes, water bottle, pen and/or pencil, kneepads (available to purchase if you need), and a great attitude! Please arrive about 20 minutes early in order to check in.