



Texas Volleyball Academy

www.TexasVolleyballAcademy.com

Instruct...Inspire...Enjoy!

2012 Winter League Registration Form

Each division provides specific instruction that builds upon the previous division. It is important that each athlete is placed in the correct division for optimum benefit. Please review the division guidelines below and contact us with any questions. We will conduct a serving assessment on the first night of the 6th grade advanced division to ensure correct placement.. Those who do not meet the criteria will be moved to the Beginner/ Intermediate Division if there is space available.

Please check age division and ability		All of the following must apply to participate in this division.
<p><u>4th Grade Beginner Division</u> <u>6-7:30 PM</u></p> <ul style="list-style-type: none"> ◇ My 4th grader has never played volleyball before ◇ My 4th grader has limited volleyball experience 	<p><u>5th/6th Grade Beginner/ Intermediate Division</u> <u>6-7:30 PM</u></p> <ul style="list-style-type: none"> ◇ My 5/6th grader has never played volleyball before ◇ My 5/6th grader has limited volleyball experience ◇ My 5/6th grader has played several seasons 	<p><u>6th Grade Advanced Division</u> <u>6-7:30 PM</u></p> <ul style="list-style-type: none"> ◇ My 6th grader is talented and competitive ◇ My 6th grader can <u>serve overhand with 50% accuracy</u> ◇ My 6th grader knows how to rotate and understands basic positioning on the court

Player Name _____

Address _____

City _____, TX Zip _____

Date of Birth _____ / _____ / _____

Name of Parent _____

Best Phone _____ / _____ - _____

E-Mail _____

School and Grade _____

REGISTRATION DEADLINE: January 3rd, 2012

COST: \$170 Uniform t-shirt is included in fee.

Please circle size: YM YL AS AM AL

Amount Enclosed: \$ _____ Check # _____

Tuition is nonrefundable if you are granted a position.

If you would like to sign up as a team (or group to be placed on a team) please list last name of team members on the back of this form. We recommend 10 players per team. If you have less than 10, we reserve the right to add players to your roster.

**Send this completed form and a check made payable to
Texas Volleyball Academy:
Attn: Ronda Cluff
2504 Caprock Cove
Flower Mound, TX 75028**

Waiver of Liability and Hold Harmless Agreement

In consideration for receiving permission to participate in the Texas Volleyball Academy program and other valuable consideration, I hereby RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE Texas Volleyball Academy, CISD, their officers, agents, or employees (herein after referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or relating to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise while participating in such activity, or while in, on, or upon the premises where the activity is being conducted or in transportation to and from said premises. To the best of my knowledge, I can fully participate in this activity. I am fully aware of the risks and hazards connected with the activity including but not limited to the risks as noted herein, and I hereby elect to voluntarily participate in said activity, and to enter the above named premises and engage in such activity knowing that the activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such activity, WHETHER CAUSED BY NEGLIGENCE OR RELEASEES or otherwise. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise. It is my expressed intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative, if I am not alive, shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of Texas. I UNDERSTAND THAT THE PARTIES LISTED ABOVE WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH ANY INJURY I MAY SUSTAIN. I further agree to become familiar with the rules and regulations of Texas Volleyball Academy concerning player conduct and not to violate said rules or any directive or instruction made by the person or persons in charge of said programs and that I will further assume the complete risk of any activity done in violation of any rule or directive or instruction. I also understand that I should and am urged by Texas Volleyball Academy to obtain adequate health and accident insurance to cover any personal injury to myself, which may be sustained during the program or the transportation to and from the said program. **IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute the Release for full adequate, and complete consideration fully intending to be bound by the same.**

IN WITNESS WHEREOF, I have hereunto set my hand on this _____ day of _____, 2011/2012.

Participant's signature (required)

Parent or Legal Guardian's signature (required)