

Manatee Area Volleyball

Fall/Winter League Participant's Information

Player Last Name: _____ First Name: _____ Birthdate: _____

Grade: _____ Age: _____ Gender: male ___ female ___ Current School: _____

Street Address: _____ City: _____ Zipcode: _____

Home Phone: _____ player Cell Phone: _____ Text?: yes ___ no ___

Parent/Guardian Names: Mother: _____ Father: _____

PARENT Email: _____ PARENT #1 CELL _____ Text ? ___

Emergency Contact (other than parents): Name: _____ Phone Number: _____

Participant's volleyball related information

How many years has the participant played the different volleyball styles: Indoor _____ beach _____

Positions _____ AAU# _____ SHIRT SIZE YM ___ YL ___ AXS ___ AS ___ AM ___ AL ___ XL ___ XXL ___

(To get an AAU # go to www.aausports.org and join as a youth member. Our club code is (W3DF74)

I, _____ would like to register my child for the FALL/WINTER LEAGUE:

_____ AGE GROUP (10, 11, 12, 13, 14 AND UNDER) from Sept- March (Spring Break)

Please choose a payment option:

_____ 2 DAYS A WEEK AND TOURNAMENTS (in full) \$1100 OR \$200 PER MONTH X 6 MONTHS 9/24-2/25 _____

_____ MULTIPLE PLAYER DISCOUNT (SEE COACH COTHRON) _____

CHECKS PAYABLE TO MANATEE AREA VOLLEYBALL CLUB, CASH OR VENMO @NANCY-COTHRON PHONE CODE 3097

CURRENT DATES: 9/1, 9/8, 9/9, 9/13, 9/15, 9/16, 9/22, 9/23, 9/23, 10/1, 10/7 ?, 10/11? 10/13 All at Bayshore High School. Beginning October 21 at Lee Middle school

October will be Mondays and Thursdays with some Sundays

TRAVEL TEAMS: 10 AND UNDER, 11 AND UNDER, 12 AND UNDER, 13 AND UNDER, 14 AND UNDER OR A COMBINATION OF ANY OF THOSE AGE GROUPS

BEGINS SEPT 1 2024 ENDS MARCH 15 2025

I, the undersigned, in consideration of allowing my son/daughter to participate in Manatee Area Volleyball club programs, voluntarily assume all risks and liability from accident, and property, to, and/or, by my son/daughter, and to hold Manatee Area Volleyball Club, directors, coaches, and sponsors harmless from any and all claims arising from his/her participation of said program.

I also agree to allow emergency treatment of injuries in the event I am not present except _____.

I am the parent/guardian of: _____ Signature: _____ Date: _____

Printed name of parent _____ PLAYER SIGNATURE _____