



Registration Form 2010 Volleyball Academy



Player's Name: _____

Parent(s) Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell(s): _____

Email(s): _____

School: _____ Grade (10-11 School Yr.): _____

VOLLEYBALL ACADEMY OPTIONS
Workouts Available June 1, 2010 – August 12, 2010

Choose your workout package

- 4 Workouts - \$70 – per player
 8 Workouts - \$130 – per player
 12 Workouts - \$180 – per player

Please Indicate which time(s) you will attend

- | | |
|---|---|
| <input type="checkbox"/> 5 th -6 th (Tuesdays 3:00 - 4:00pm) | <input type="checkbox"/> 9 th -10 th (Thursdays 3:00 - 4:00pm) |
| <input type="checkbox"/> 7 th -8 th (Tuesdays 4:10 - 5:10pm) | <input type="checkbox"/> 7 th -8 th (Thursdays 4:10 - 5:10pm) |
| <input type="checkbox"/> 9 th -10 th (Tuesdays 5:20 - 6:20pm) | <input type="checkbox"/> 11 th -12 th (Thursdays 5:20 - 6:20pm) |

T-Shirt Size (Adult)

- S M L XL XXL

Office Use Only: Check# _____ Date Rec'd _____ Amount Paid _____ Amount Due _____

RELEASE FORM

In consideration of the acceptance of this registration for enrollment in the TIBBS, LLC, I/We, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against all sponsors and all employees of the TIBBS, LLC for any or all damages which may be sustained and suffered by me in connection with my/our association with, or entry into the TIBBS, LLC, and which may arise out of my traveling to, participating in or returning from the TIBBS, LLC. I/We hereby authorize the staff of the TIBBS, LLC to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the TIBBS, LLC from any and all liability. I/We hereby grant permission for my/our child to be a participant in the TIBBS, LLC and if an injury should occur during, traveling to or returning from the camp, I/We agree to pay for all costs, present and future, through my/our medical insurance policy and/or personal finances.

Participant Signature _____ Date: _____

Parent or Guardian Signature _____ Date: _____