

# PHANTOMZ VOLLEYBALL

682-365-9955

[ashley@phantomzvolleyball.com](mailto:ashley@phantomzvolleyball.com) (Info)

[www.phantomzvolleyball.com](http://www.phantomzvolleyball.com) (Website)

## Winter- "YOUTH" LEAGUE REGISTRATION

Grades 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>

Player Name: \_\_\_\_\_

Player Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Parent Contact Name: \_\_\_\_\_

Player T-Shirt Size: Youth Lg\_\_\_\_ Adult Small\_\_\_\_ Adult Med \_\_\_\_ Adult Large \_\_\_\_ Adult XL \_\_\_\_ XXL\_\_\_\_

Parent Phone #: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

Current School: \_\_\_\_\_

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**LEAGUE COST:** \$130.00

### INCLUDES:

- 5 Weeks of Season play (2 Matches per week)- \*Played at ACE Volleyball, FRIDAY NIGHTS), Begin Jan 12th
- T-Shirt
- (5) Five- 1 hour Practices (Thursday Nights-7:30pm-8:30pm) Begin Jan 11th, 2017
- Impact Certified Coach
- Season runs January 11<sup>th</sup>- February 9th, 2017

**\*REGISTER BY January 5, 2017!**

### PAYMENT INFO:

CC: Pay Online @ [www.phantomzvolleyball.com](http://www.phantomzvolleyball.com)

**Mail Checks & Registration form:** **Phantomz Volleyball** 1009 Wildwood Drive, Arlington, TX 76011

### WAIVER:

By signing this form, I, \_\_\_\_\_ (Parent) give my permission for my minor child (listed above) to participate in the Youth volleyball program. I agree that for and in consideration of my child's participation in such activities, to indemnify and hold harmless Phantomz Volleyball, it's employees, agents, coaches, referees and volunteers assisting in these activities, from any and all damages, claims, or liability of any kind, whatsoever, from any injury or death to my minor child. I also agree to authorize Phantomz Volleyball to contact emergency medical assistance on my behalf if I cannot be reached.

Signature \_\_\_\_\_ Date: \_\_\_\_\_