

PHANTOMZ VOLLEYBALL

682-365-9955

ashley@phantomzvolleyball.com

www.phantomzvolleyball.com

"High School" LEAGUE REGISTRATION (Entering Grades 9th-12th)

Player Name: _____

Player Age: _____ Player Grade: _____

Player T-Shirt Size: Youth Lg____ Adult Small____ Adult Med ____Adult Large ____Adult XL ____ XXL____

Parent Name: _____

Parent Phone #: _____

Parent E-mail: _____

LEAGUE COST: \$135.00 INCLUDES:

- 5 Weeks of Season play (2 Matches per week)- *Played @ ACE Volleyball 3120 E. Pioneer Pkwy, Arlington, TX 76012, (THURSDAY NIGHTS)
- T-Shirt:00pm
- (5) Five- 1 hour Practices (WEDNESDAY Nights 6:00pm-7:00pm) @ Northwest Christian Church 1001 N. Davis St, Arlington TX 76012
- Impact Certified Coach
- CC: Pay Online @ www.phantomzvolleyball.com , Checks or Cash @ Practice

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: _____