

BVAC SUMMER SPORTS 2010

19404 E. HOLKE RD * INDEPENDENCE, MO 64057

(816) 796-8702

WWW.BVACSPORTS.ORG

fax (816) 796-2372



BASEBALL



GENERAL INFORMATION:

- All players will receive an award
- Games are played at BVAC
- **Teams play 10 games** (instead of 8 games)



DEADLINE: APRIL 30th, 2010

FEE: \$90.00

INCLUDES TEAM SHIRT!!

**ADDED MORE
GAMES & PRACTICES**

AGE DIVISIONS – Grade level as of Jan. 2010

T-BALL I: 3 years thru pre-school

T-BALL II: Kindergarten

COACHES PITCH: 1st & 2nd graders

MACHINE PITCH: 3rd & 4th graders

TEXAS LITTLE LEAGUE: 5th thru 7th graders

Players may play up a division!

IMPORTANT DATES:

- Practices Start the Week of: May 17, 2010
(Practices are one night a week for one hour)
- Games Begin: June 1st, 2010
(Games played during the weeknights)
- Must be 3 yrs. old by: June 1st, 2010





Girls VOLLEYBALL

GENERAL INFORMATION:

- Games are played on Tues. or Thurs. nights
(Player does not get to pick night. Schedules vary with both nights.)
- League play only – No practices
- Everyone is welcome to play.
Games Begin June 1, 2010

AGE DIVISIONS – Grade level as of Jan. 2010

Division I – 4th and 5th GRADE

Division II – 6th and 7th GRADE

Division III – 8th and 9th GRADE



DEADLINE: MAY 7th, 2010

FEE: \$67.00

INCLUDES TEAM SHIRT!!



Check out our **ADULT REC. VOLLEYBALL LEAGUE.** Go to our web site for information:
www.bvacsports.org



All games are played at the AIR CONDITIONED FLC Gym located at:
500 W Pacific; Indep. MO 64050



6-v-6 SOCCER



GENERAL INFORMATION:

All games played at BVAC

All teams play 8 games

Most teams are co-ed

Only games - No practices



DEADLINE: MAY 7th, 2010

FEE: \$67.00

INCLUDES TEAM SHIRT!!

AGE DIVISIONS – Grade level as of Jan. 2010

Antkiller: 1st & 2nd Graders

Flashkickers: 3rd & 4th Graders

Goalmaster: 5th & 6th Graders

Jr. High: 7th - 9th Graders

Games Begin: June 1, 2010

NO games will be played on Sundays!

Players may play up a division!



BVAC SUMMER SPORTS 2010

ONE FORM PER CHILD PLEASE! ALL REGISTRATIONS MUST GO THROUGH THE BVAC OFFICE.

CHILD'S NAME: _____ BOY: ___ GIRL: ___ GRADE: _____ (JAN 2010)
 CHILD'S AGE: ___ BIRTHDAY: _____ EMAIL: _____ HOME PHONE: _____
 PARENTS NAME: _____ CELL _____ WK MOM () DAD () _____
 ADDRESS: _____ CITY _____ ZIP _____
 YES I WILL COACH, OR TEAM I WOULD PREFER: _____ (Not Guaranteed)

FREE

ALL LEAGUES

Please check shirt size:

Youth 2-4 _____	Adult SM _____
Youth 6-8 _____	Adult MED _____
Youth 10-12 _____	Adult Lg _____
Youth 14-16 _____	Adult X-Lg _____

SHIRT IS INCLUDED IN FEE!

BASEBALL

DEADLINE: April 30th

FEE: \$90.00

More games & practices!

T-Ball I

3 years-preschool _____

T-BALL II

Kindergarten _____

COACHES PITCH

1st & 2nd graders _____

MACHINE PITCH

3rd & 4th graders _____

TEXAS LITTLE LEAGUE

5th - 7th graders _____

VOLLEYBALL

DEADLINE:

May 7th

FEE: \$67.00

Please check:

DIVISION I:

4th & 5th

Grade _____

DIVISION II:

6th & 7th

Grade _____

DIVISION III:

8th & 9th

Grade _____

6V6 SOCCER

DEADLINE:

May 7th

FEE: \$67.00

Please check division:

1st & 2nd grade _____

3rd & 4th grade _____

5th & 6th grade _____

7th-9th grade _____

WAIVER FORM

IF PASS DEADLINE: \$15.00 LATE FEE!!

Parent Permission and Authorization for Treatment: We give our consent for this player to participate in the above program. In case of accident or injury, we hereby agree to hold the Blue Valley Activity Center, it's employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which arises by or in connection with participation by my child in any activities related to this sport. If we cannot be reached and in the event of an emergency, we also give consent for the league director, referees, or its coaches to obtain through a physician or a hospital of its choice, such medical care as is reasonably necessary for the welfare of the player.

SIGNATURE OF PARENT/GUARDIAN _____ DATE: _____

REFUNDS WILL NOT BE GIVEN!

Please help support the growth of BVAC's sports programs. Thank you!
 Donation Amount \$ _____

AMOUNT ENCLOSED- BASEBALL \$ 90.00: ___ VOLLEYBALL \$67.00: ___ SOCCER \$ 67.00: ___
 (A \$20.00 SERVICE CHARGE ON ALL RETURNED CHECKS)

OFFICE USE ONLY:

DATE RECEIVED _____ AMOUNT _____ CK# _____ CASH _____ CHARGE _____

CREDIT CARDS: _____ VISA _____ MASTERCARD _____ TOTAL AMOUNT _____

CREDIT CARD NUMBER:

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VERIFICATION CODE

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 *LAST 3 DIGITS ON REVERSE SIDE OF CARD

NAME (AS APPEARS ON CARD) _____

BILLING ADDRESS _____ CITY _____ ST _____ ZIP _____

SIGNATURE _____ EXPIRATION DATE ____/____/____

IF CHARGING YOU MAY FAX TO (816) 796-2372 Month / Year

MAIL OR BRING TO: BVAC 19404 E. HOLKE RD. INDEP. MO 64057