

BVAC FALL VOLLEYBALL

19404 E. HOLKE RD * INDEPENDENCE, MO 64057

(816) 796-8702 www.bvacsports.org fax (816) 796-2372

GIRLS FALL VOLLEYBALL LEAGUE 2010!



Fee: \$ 73.00

**INCLUDES SHIRT!!
ALL TEAMS WILL WEAR
BVAC SHIRTS!!**

GENERAL INFORMATION

- Welcome individual players, JO Volleyball teams, or school teams.
- Work on improving your volleyball skills for the fall school leagues.
- Monday night league (average night: play 2 matches and ref one)
- Up ref's provided by league.
- All players will receive a team shirt.
- All games and practices are played at BVAC
- Practices are 1 night a week on Tues, Wed, or Thurs for 1 hour
- Player cards (a picture of your child will need to be given to your coach the 1st night of practice)

IMPORTANT DATES

REGISTRATION DEADLINE IS: **August 27th, 2010**

ALL PLAYERS (RETURNING & NEW) \$15 LATE FEE IF PAST REGISTRATION DEADLINE

GAMES BEGIN: **September 20th, 2010 – Nov. 8th, 2010**

AGE DIVISIONS

Grade level as of **September 1st, 2010:**

- **DIVISION I** – 4TH and 5TH Grade
 - **DIVISION II** – 6TH and 7TH Grade
- *Can always play up a division.
*May NOT play down a division.



**BVAC IS A FAMILY FUN FACILITY, NO ALCOHOL, DRUGS, PROFANITY,
SMOKING, OR PETS ALLOWED ANY PLACE ON THE GROUNDS.**

B V A C FALL VOLLEYBALL 2010 REGISTRATION FORM:

MAIL OR BRING TO BVAC: ALL REGISTRATIONS MUST GO THROUGH THE BVAC OFFICE.

PLAYERS NAME: _____ GRADE: _____ ▶ **PLEASE CHECK DIVISION & SHIRT SIZE!**

PARENTS NAME: _____
ADDRESS: _____ CITY _____ ST _____ ZIP _____

HOME PHONE: _____ CELL _____
WORK PHONE MOM () DAD () _____

PLAYER'S AGE: _____ BIRTHDAY: _____ EMAIL: _____ ***SHIRT IS INCLUDED IN FEE!***
ALL TEAMS WILL WEAR BVAC SHIRTS!

COACH I WOULD PREFER: _____

AMOUNT ENCLOSED: _____ YES, I WILL BE HEAD COACH: _____

FEE: \$ 73.00 (includes teams shirt) (A \$25.00 SERVICE CHARGE ON ALL RETURNED CHECKS)
ALL PLAYERS (RETURNING & NEW) \$15 LATE FEE IF PAST REGISTRATION DEADLINE: AUG. 27TH
NO REFUNDS WILL BE GIVEN!

WAIVER FORM

Parent Permission and Authorization for Treatment: We hereby give our consent for this volleyball player to participate in the above volleyball league. 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:** _____

OFFICE USE ONLY:

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

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

IF CHARGING, YOU MAY FAX TO: 816-796-2372

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 ____ / ____ / ____
Month / Year

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

DIRECTIONS: 23rd & 291Hwy Head east on 23rd to Speck Rd. (by Bridger) turn right, and go to the stop sign. Turn left on Holke and go east a ½ mile. BVAC is on the left. Look for the big blue sign.
All games played at Family Life Center.