

DOME CLUB 2010

For Grades 6-11 Volleyball Athletes

Registration

Name of Participant _____ Gender _____
Address _____ City _____
Postal Code _____ Birth Date: Month/Day/Year _____ Uniform Size ____ (adult size)
Name of Parents/Guardian _____ Uniform # _____ 2nd Choice _____
Phone #H _____ #W _____ #C _____
Parent Email: _____ AB Health # _____

- Please **Group A: Grade 9-11 Girls Mondays 4:45–6:25 & Saturdays 6:30-8:15 Jan. 9 to Apr. 24 (max 80)**
Includes 3 Dome Tournaments
- Please **Group B: Grade 9-10 Boys Sundays 1:30-3:00 & Fridays 5:30-7:15 Jan. 10 to Apr. 24 (max 32)**
Includes 3 Dome Tournaments
- Please **Group C: Grade 6-8 Girls Fridays 7:00–8:30 & Sundays 3:00-4:30 Jan. 17 to Apr. 17 (max 80)**
Includes 1 AVA tournament Mar 27-28 and 2 Dome tournaments
- Please **Group D: Grade 6-8 Boys Fridays 5:30 – 7:00 & Sundays 1:30-3:00 Jan. 17 to Apr. 16 (max 48)**
Includes 1 AVA tournament Mar 13-14 and 2 Dome tournaments

\$381.00

Fee includes a team uniform and 3 tournament entry fees.

Payment by Visa / Amex / MC / Cheque / Cash

Card # _____ Exp. _____ Name on Card _____

Consent Form - Please Read Carefully and Sign;

The applicant understands that risk is inherent in any physical activity and agrees that Volleydome's Dome Club and/or any individual connected with them will not be held responsible for any accidents or loss however caused. By registering for a session with Volleydome Dome Club, I, _____ accept personal responsibility for my participation in any activities and I agree to do so at my own risk.

Volleydome will not be responsible for any loss, damage, injury or ambulance service in connection with such participation. I, the parent or guardian _____ understand that every attempt will be made to contact myself as parent or guardian of _____ should any emergency medical treatment or services occur. If I am unable to be reached, I authorize _____ Phone # _____ to act on my behalf as an emergency contact. In the event that I or my alternate contact can not be reached, I give full consent for any licensed emergency service/medical personnel to provide treatment or service necessary to maintain the health of my child:

Signed _____ Date _____

Save your spot by registering soon. If you register now, but then make a Club team, we will give you a full refund. If you register now and need to drop out for any other reason your cancellation is subject to a \$10 administration fee.

Send this registration form and fee to: **Volleydomes Corp.** 2825 - 24th Ave. NW, Calgary, Alberta T2N 4L6
Ph: 403 284-3663 Fax 403 289-6240 or email: dsaxton@volleydome.net

www.volleydome.net (look under youth programs)

