

2010 Knightstown Optimist Volleyball Registration

For: Girls grades 7 & 8

PASS, SET, POUND LEAGUE

This league will consist of two practices a week (Mon/Thurs. 8-9pm) and several 3-On-3 matches the following Saturdays (12:00-1:30pm). There will be an emphasis on individual skills improvement and on communication and teamwork. Individual points will be awarded throughout the season for participation, skill reviews and match wins. Awards will be given to individuals and teams after the finish of the tournament.

This league will begin practices the last week of February with matches starting on Saturday, March 6th. I am planning for the league to end with a double elimination tournament on Saturday, April 24th. If we have a larger number sign up this year we will end on Saturday, May 1st. We will not be playing matches on Saturday, March 27th or April 3rd due to Spring Break.

Cost: \$25.00/ player (includes league T-Shirt & Socks)

Registration: Registration forms and money will be collected at your school's office or

By mailing them to: **Cindy Hammer**
8200 S. State Rd. 109
Knightstown, IN 46148

Please call me if you have any questions: 765-345-5249

Please keep this part of the form for your information.

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Forms with payment are due by Tuesday, February 16th to guarantee a league shirt!

Name: _____

School: _____ **Grade:** _____

Parents/Guardian's Name: _____

Home Phone: _____ **Emergency Phone:** _____

T-Shirt Size (circle one): **ADULT:** **Small** **Med.** **Large** **X-Large**

I hereby give my child my permission to participate in the 2010 Knightstown Optimist Volleyball League. I will not hold the director of the league or the Charles A. Beard Memorial School Corp. liable for any injuries that might occur. Also, I hereby acknowledge that I have adequate insurance to cover any such injury. I also certify that my child has no injury that would limit her participation in the league. I, the undersigned parent/guardian, do hereby delegate the Knightstown Optimist Volleyball League to seek, obtain and approve medical care and treatment for the above named minor.

If there is a monetary concern please contact the league director, Cindy Hammer @ 345-5249.

Parent/Guardian Signature: _____