

BURN'Z Beach Volleyball 2017

Registration Form for Session 1-2

Bantams Girls U13/U14

Starting Monday May 29th to June 29th (16-18 GIRLS PER SESSION two courts)

Name of Participant _____

Phone # : _____

Birth Date: _____

Email Address: _____

Alberta Health Care of Participant _____

Adult T-Shirt Size (circle one): S M L XL

**Please circle desired program

SESSION 1 \$250 INCLUDES T-Shirt AND VOLLEYDOME TOURNAMENT JUNE 11TH

- Monday May 30th to June 30th
- Mondays 500-630 2 courts Thursdays 500-6:30

SESSION 1-2 COMBINED \$500 T-Shirt AND VOLLEYDOME TOURNAMENT JUNE 11TH AND JULY 9TH

- Starts July 4th – July 27th
- Tuesdays 500-630 2 courts Thursdays 500-630

OPEN TOURNAMENTS

***Sunday and Wednesday Open tournaments \$ 15 BURN'Z (Player- team is \$30 each tournament)

***Note partners can change tournament to tournament no problem teams can sign up as a drop in 10mins before tournament starts

May 31st 500-6:30		June 4 th	9:00-12-30 Am
June 7th 500-6:30		June 11th	9:00-12-30 Am
June 14th 500-6:30		June 18th	9:00-12-30 Am
June 21 st 500-6:30		June 25th	9:00-12-30 Am
June 28 th 500-6:30		July 2nd	9:00-12-30 Am

Payment Cheque or cash payable to: **Ana Burnside** and dropped off at the Volleydome for the Burn'z Beach program with Registration form please.

Questions: Email Ana or Steve dobleana@hotmail.com



Consent Form:

Please Read Carefully and Sign;

The applicant understands that risk is inherent in any physical activity and agrees that the Volleydome and/or any individual connected with them will not be held responsible for any accidents or loss however caused. By registering with the Burn'z Beach Volleyball Program

I, (the athlete) _____ accept personal responsibility for my participation in any activities and I agree to do so at my own risk. The 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 the athlete _____ 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 _____

The program coaches reserve the right to request any applicant to withdraw from the program prior to its termination, if in their opinion the applicant is not acting in a reasonable manner. The coaches also reserve the right to cancel any session due to any circumstances that are not to the benefit of the applicants (eg. Heavy rain or wind). There will be no refunds once the program has started.