

Volleyball

VOLLEYBALL FEE

\$120.00

SOAC OFFICIAL USE

TODAY'S DATE _____

AMOUNT PAID _____

CASH _____ CHECK _____

WEEKDAY EVENINGS (6:00-9:00) THAT YOU ARE ABLE TO PRACTICE:

MUST CIRCLE AT LEAST 2 NIGHTS. Mon Tue Wed Thu Fri

* This is not a guarantee that you will practice the nights listed but we will do our best to accommodate. Please only list days you know during April-June that you would not have a definitive conflict (ex Religious Education). Practice time conflicts with other SOAC rec teams may not be honored. **We cannot guarantee request for players being on the same team.**

PLAYER'S NAME _____ BIRTHDATE _____

ADDRESS _____ AGE ON 8/1/16 _____

CITY, STATE, ZIP _____ GRADE _____

HOME PHONE _____ DIVISIONS : (ROOKIES/MINORS/MAJORS/OPEN)
please circle one

PARENT'S NAME/BUSINESS PHONE _____

EMERGENCY NAME/PHONE _____

EMAIL ADDRESS _____ (PLEASE PRINT CLEARLY)

NOTE: PLEASE CIRCLE ANY OF THE ACTIVITIES LISTED BELOW FOR WHICH YOU WISH TO VOLUNTEER YOUR TIME:

1. HEAD COACH 2. ASST COACH 3. SCOREKEEPER 4. REFEREE 5. AUXILIARY (HELP WITH SIGN UPS)

NOTE: SOAC INSURANCE SUPPLEMENTS YOUR PERSONAL FAMILY COVERAGE

PLEASE NOTE: THE UNDERSIGNED, PARENT/LEGAL GUARDIAN OF _____ DO HEREBY AUTHORIZE THE OFFICER(S), LEADER(S), OR COACH(ES, AS AGENT(S) OF THE SHRUB OAK ATHLETIC CLUB TO TRANSPORT AS REQUIRED, THE MINOR TO AND FROM ASSOCIATION ACTIVITIES INCLUDING, BUT NOT LIMITED TO, ATHLETIC AND SOCIAL EVENTS.

I/WE ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION IN THE ABOVE LISTED ACTIVITIES INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES AND I/WE DO HEREBY WAIVE ANY CLAIM OR CLAIMS ARISING FROM INJURY TO MY/OUR PARTICIPANT EXCEPT TO THE EXTENT OF, OR IN THE AMOUNT COVERED BY, ACCIDENT AND LIABILITY INSURANCE.

WE DEPOSIT ALL FUNDS IMMEDIATELY (UNLESS OTHERWISE NOTED). THE CLUB WILL IMPOSE A \$25.00 FEE FOR ALL RETURNED CHECKS.

SIGNATURE (PARENT/GUARDIAN) _____ DATE _____

S.O.A.C. RESERVES THE RIGHT TO REFUSE OR REMOVE ANY PARTY WHO DOES NOT COMPLY WITH OUR CODE OF CONDUCT. Int _____