



VOLLEYBALL LEAGUE!

KC PREMIERE COMPETITIVE FOR CLUB PLAYERS

INDIVIDUAL REGISTRATION

SUMMER VOLLEYBALL LEAGUES NOW FORMING!
WE ONLY HAVE ROOM FOR 24 TEAMS!

DEADLINE IS MAY 13, 2010 & GAMES START JUNE 8, 2010

We will offer a competitive volleyball league for 12 & Under, 13 & Under, & 14 & Under (during the 09/10 club season) who are not playing during the summer with their school. You may sign up as a team, or individually. It will be \$80 per player or \$720 per team. You are encouraged to bring your entire team and coach. (If not, we will assist in forming teams and finding coaches.)

If you have your own uniforms, practice time, & coach, cost will be \$55 per player or \$440.00/Team.

Games will be played on **Monday or Tuesday** nights at **Parkville Athletic Center in Parkville (PAC) or LeVo Gym in Riverside**. Practices will start May 18, 2010. Games will start **JUNE 8, 2010**. We will have experienced officials from club teams or adults for all games. For additional information, contact Patty at: 816-741-1185 or 816-529-0282 Or, email: mreynolds18@kc.rr.com. We will play 3-15 minute games. This will be a 7-8 game season.

NAME: _____ PHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
GENDER: M/F BIRTHDATE: _____ SCHOOL ATTENDING: _____
FATHER'S NAME: _____ MOTHER'S NAME: _____
FATHER'S WORK #: _____ MOTHER'S WORK #: _____
EMAIL ADDRESS: _____ GRADE FALL 09: _____

INDIVIDUAL REGISTRATION: \$80.00 per person

TEAM REGISTRATION: \$720.00 PER TEAM.

Go to our website www.kcpvolleyball.com to print off registration form or send in this registration form to the below address. Make check payable to KC Premiere.

THE DEADLINE IS MAY 13, 2010. SPACE IS LIMITED, SO SIGN UP EARLY.

I acknowledge that participating in sporting events is an extreme test of a person's physical and mental limits and that my participation in a volleyball event can cause the potential for death, serious injury or property damage. With a full understanding of the potential risks, I hereby assume the risks of participating or officiating in a volleyball event. I waive release and discharge from any and all claims or liabilities for death or personal injury or damages of any kind .

PARENT SIGNATURE: _____ DATE: _____

PLEASE RETURN FORM AND CHECK TO: PATTY REYNOLDS

6609 NW VALLEYVIEW
KANSAS CITY, MO. 64152
816-529-0282