

**MAIL-IN REGISTRATION (Postmarked by 4/30/10):
CENTRAL VIRGINIA VOLLEYBALL, INC**

P.O. Box 4575
Lynchburg, Va. 24502

Website: www.cvvb.org

(434) 941-6158

SUMMER REGISTRATION FORM

(Registration Deadline is 5/4/10 – after that date, based on availability of teams)

Name	Date of Birth	Age	Age Group (see back for description)	School
# YEARS Played 0 1 2 3 4 5 6 7 8 9 10	Gender — Male — Female	Please Circle the Appropriate T-SHIRT Size Youth Sizes: Small (6-8) Med (10-12) Large (14-16) Adult Sizes: Small (34-36) Med (38-40) Large (42-44)		
Preferred Position (s): Setter Outside Attacker Middle Hitter/Blocker Right Side Attacker Defense				

PARENT and FAMILY INFORMATION

Home Address	City	Zip Code	Please indicate which phone number we should call for cancellations
Email Address (used for all communication from CVV)		Home Phone Number	قا
Father	Work Phone Number		قا
Mother	Work Phone Number		قا
Car Pool Request	Carpool requests must be mutual. CVV will form school-based teams to facilitate carpooling		

VOLUNTEER INFORMATION

In order for your children to play this coming season, we need approximately 10 volunteers for coaching positions. If your child is placed on a team with no coach, we will enlist your help in filling the position. Please don't let your lack of volleyball knowledge stop you from volunteering.

If you have volunteered to coach, you will be assigned a team. Should circumstances arise that prevent you from coaching (before team assignments are made), please call CVV immediately at 941-6158.

قا	Head Coach	Your Name	Phone Number
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قا	Assistant Coach	Your Name	Phone Number	
قا	Sponsorship of Team	Company Name	Phone Number	Best Time to Call
قا	Team Parent	Which Parent?(Name)		

CENTRAL VIRGINIA VOLLEYBALL, INC. RELEASE FORM:

Release made this ____day of _____, 2010, by _____, parent of _____(name of child).

In consideration of the permission granted to my child/children by Central Virginia Volleyball, Inc. to participate this Spring 2010 season, I hereby release Central Virginia Volleyball, Inc. and the City of Lynchburg, its agents and employees, from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators, or assigns may have against Central Virginia Volleyball, Inc., and other described parties for all personal injuries known or unknown to my child has/have or may incur by participating in the volleyball program and hereby knowingly assume the risk that such child may be injured in such activity. I also hereby attest that my child is physically fit and has no ailment or deformity that should prevent him or her from participating in volleyball. I further authorize Central Virginia Volleyball, Inc. officials to take the proper steps to provide medical attention should he or she be injured while playing or being transported to or from any Central Virginia Volleyball, Inc. sponsored activity, and I hold said officials and Central Virginia Volleyball, Inc. harmless therefore. I further authorize Central Virginia Volleyball, Inc. to share this data form to our partner, the City of Lynchburg. I have read this release and understand all its items. I execute it voluntarily and with full knowledge of its significance.

PARENT SIGNATURE: _____

DATE: _____

FAMILY DOCTOR: _____ PHONE

NUMBER: _____

**PLEASE LIST ANY MEDICAL CONDITIONS YOUR COACH SHOULD BE AWARE OF: _____

AGE GROUP INFORMATION (8 to 18 years old)

Age Group	Birth Date Range		Players on Court	Typical Roster Size
U10	9/1/99	to 8/31/02	3 vs 3 or 4 vs 4	6 - 8
U12	9/1/97	to 8/31/99	4 vs 4 or 6 vs 6	6 - 8
U14 (Middle School)	9/1/95	to 8/31/97	6 vs 6	8 - 10
U16 (Junior Varsity)	9/1/93	to 8/31/95	6 vs 6	8 - 10
U18* (Varsity)	9/1/91	to 8/31/93	6 vs 6	8 - 10

* or players born on or after September 1, 1988 and a high school student during some part of the current academic year.

If you are planning to try out for your schools Middle School, JV, or Varsity team, you should register for that age group. Check with your school's coach about availability on the team. Our program is open to both boys and girls between the ages of 8 and 18. **CVV will form separate boys and girls teams at all age groups if possible, otherwise we will form co-ed teams. Season begins May 15 and ends June 30. Coaches meeting for U14,16,18 TBD**

U10 through U14 (Middle School)—One practice a week on Saturdays and one match a week on Tuesdays. Tournament at end of season. Coaches serve as referees for matches

U16 (JV) and U18 (Varsity)—One or two matches per week on Monday, Tuesday, or Thursdays with a tournament at the end of the season.

To facilitate carpooling, CVV will form school-based teams to the extent possible at all age groups.

PAYMENT INFORMATION

Registration Fee	\$50.00	
Head Coach Discount	-\$20.00	
Late Registration Fee	\$5.00	(Only if mailed after 4/30/10)
Late registrations are not gaurenteed a team shirt		
Sponsorship	\$200.00 for U14-U18 age groups (one sponsor per team)	
	\$150.00 for U10-U12 age groups	
		TOTAL DUE
OFFICE USE		

First-time players who find out that volleyball is not the sport for them may be eligible for a refund. Refunds will be granted prior to the second scheduled game subject to a \$5.00 administrative fee. No refunds will be allowed due to practice or game schedule conflicts.

Registration fee of \$50.00 includes uniform, gym rental, insurance, equipment and referees.