



A Better Person, A Better Team, A Better Community



My First Volleyball League

Purpose: This is a program for players to help them prepare for competitive Volleyball
8 Sessions of structured fundamentals and game play.

When: 1st & 2nd Grade Boys & Girls – Thursdays Jan 5th, 12th, 19th, 26th, Feb 2nd, 9th, 16th, & 23rd, 2012
3rd & 4th Grade Boys & Girls – Tuesdays Jan 3rd, 10th, 17th, 24th, 31st, Feb 7th, 14th, 21st, 2012

Each Session is 4:30-6:00pm

League location: Bettendorf Life Fitness Center, 2222 Middle Road, Bettendorf, Iowa, 52772

3rd & 4th Grade on Tuesdays 1st & 2nd Grade on Thursdays

Registration and Consent Form

Players Name _____ Male / Female Grade _____

Parents Name _____ Phone# _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Shirt Size YS YM YL AS AM

Cost: \$129.00 per person per player

We will be selling knee pads on sight so you can size them properly.

Make checks payable to Beyond The Baseline or register online at www.beyondthebaseline.net

Send to: Beyond The Baseline, 1540 W 12 Street, Davenport, Ia, 52804, Contact: Gary Thrapp 563-322-8434

Please fill out the waiver below. The waiver and liability MUST BE SIGNED to have a valid registration.

Waiver of Liability and consent

I, the parent or guardian of the applicant agree that "Beyond The Baseline" and all individuals assisting in the Volleyball Skills Camps in any capacity, will not be liable for any causes of actions, claims and injuries arising out of the participation of the applicant, and hereby release all said groups and individuals from such claims and liabilities. The undersigned acknowledges that in all sports there are certain risks of physical injuries and all players participate at their own risk, I, as legal guardian or parent of any applicant hereby consent to the participation of the applicant in the "Beyond The Baseline" Basketball Skill Camps under the above mentioned conditions.

I, as the parent or legal guardian, state that the child _____ is in ample sports condition to participate in the basketball clinic. By signing this form, you exclude Beyond The Baseline and any members of his staff from any normal injury and liability that might occur or labeled as normal sports injuries. If you do not wish to give consent for your player to be photographed, videotaped and/or filmed while participating in Basketball clinic and for the resulting photos, etc. to be used by Beyond The Baseline, for educational and promotional purposes please check the space below. I have read and understand the above:

Parent or Gaurdian Signature: _____ Date: _____

I do not wish for my child to be used for educational or promotional purposes by photograph or video

Beyond The Baseline 1540 W 12th Street, Davenport, Iowa, 52803

• Phone: 563.322.8434 • Fax: 563.322.8758 • www.beyondthebaseline.net