



3rd Annual Juniors Volleyball Winter League
Winter 2012
5th, 6th, 7th, & 8th Grade

ENTRY DEADLINE IS December 15th, 2011

Team Name _____ Coach _____
Address _____ Phone: _____
City _____ State _____ Zip _____ Cell Phone: _____
Email _____

League Fee: \$220 per team. 7 game guarantee
Upref will be provided. Home team provides one scorekeeper
Match times 5pm, 5:50, 6:40, 7:30

Team Info (Check One)

___ 5th Grade ___ 6th Grade
___ 7th Grade ___ 8th Grade

3 steps to enter

Step 1: Fill out & send in this form.
Step 2: Send team entry fee.
Step 3: Have a parent of each player
sign the waiver form and hand in prior
to first match.

League matches will be Thursdays: Jan 5th, 12th, 19th, 26th, Feb 2nd, 9th, 16th, 2012

Make Checks payable to: Beyond The Baseline and mail to

Beyond The Baseline
1540 W 12th Street
Davenport, Ia, 52804.

Any questions, please call (563) 322-8434. Fax (563) 322-8758

LEAGUE SCHEDULE WILL BE POSTED ONLINE 7 DAYS PRIOR TO FIRST LEAGUE GAME.

ALL MATCHES PLAYED AT BEYOND THE BASELINE. Go to www.beyondthebaseline.net for directions.

Matches cancelled due to weather cancellations will be added Feb 23rd if necessary

FIELD HOUSE SPORTS COMPLEX & ACTIVITY CENTER

1540 West 12th Street • Davenport, Iowa 52804 • Phone: 563.322.8434 • Fax: 563.322.8758 • www.beyondthebaseline.net



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Team Roster, Waiver & Consent Form

This waiver and consent form is for all events participating between October 1, 2011 and April 1st, 2012

The waiver and liability MUST BE SIGNED by a parent of each player to have a valid registration.

I, the parent of guardian of the applicant agree that “Beyond The Baseline” and all individuals assisting in the tournaments or events 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 leagal guardian or parent of any applicant hereby consent to the participation of the applicant in the “Beyond The Baseline” tournaments or events under the above mentioned conditions.

I, as the parent or leagal guardian, by signing below, state that my child is in ample sports condition to participate in the tournaments or events. By signing this form, you exclude Beyond The Baseline, any staff members, and volunteers 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 the tournament or event and for the resulting photos, etc. to be used by Beyond The Baseline, fro educational and promotional purposes please check the space next to your child’s name. I have read and understand the above:

Team Name _____ Coach _____ Grade _____ Boys ___ Girls ___

Player #	Player Name (please print)	Parent Signature	Photo consent (check if no)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How would you rate your team? 1 2 3 4 5 (5 being best)