

Huron Valley Volleyball Club - Spring 2017

HVVC Office: 2109 Stone School Circle, Ann Arbor MI 48108
HVVC Sports Center: 815 Woodland Dr, Saline MI 48176

2017 Player Registration

*Please fill out this form clearly and completely

Player and Parents Information:



Player Name: _____ School: _____

Player Address: _____ City: _____ State: _____ ZIP: _____

Player's Home Phone: (____) _____ - _____ Player's Cell Phone: (____) _____ - _____

Player's Email: _____@_____

Uniform (Circle one): Jersey (Youth - Adult sizes): **yM yL yXL - S M L XL XXL**

Father/Guardian Name: _____

Father's Phone(s): (____) _____ - _____ Email Address: _____@_____

Father Address: _____ City: _____ State: _____ ZIP: _____

Mother/Guardian Name: _____

Mother's Phone(s): (____) _____ - _____ Email Address: _____@_____

Mother Address: _____ City: _____ State: _____ ZIP: _____

Age divisions are determined as of **8/31/2017**. **Player's Birthday is** ___/___/___

- Players are **U10 (10 & under 4vs4)** if born on or after 9/1/06, or 3rd and 4th School Grade
- U11** birthday falls between **9/1/05 to 8/31/06**
- U12** birthday falls between **9/1/04 to 8/31/05**
- U13** birthday falls between **9/1/03 to 8/31/04**
- U14** birthday falls between **9/1/02 to 8/31/03**
- U15** birthday falls between **9/1/01 to 8/31/02**
- U16** birthday falls between **9/1/00 to 8/31/01**
- U17/18** birthday falls before **8/31/00**



Player's name, jersey number, and school may be posted on the club's website: YES NO

Returning Player: Winter 2017 Coach: _____

Continued on back

Local Teams Player Registration (no tryouts): Start Practices on 4/5

- HVVC 10U (\$120) Practices Wednesday 5:00 to 6:00 PM
- HVVC 12U/11U (\$290) Practices Wed and Sunday 5:00 to 6:30 PM
- HVVC 14U-13U (\$490) Practices Wed and Sunday 6:30 to 8:00 PM

Send this form and full payment before 3/25 to : HVVC (2109 Stone School Circle, Ann Arbor MI 48108)

HVVC States Teams Tryouts for 2017 teams: 3/5 - Tryout Fee: \$25

- 12U State teams** (player born after 9/1/04) 2:00 to 3:30 PM Team Fees: \$690
- 14U State teams** (player born after 9/1/02) 3:30 to 5:00 PM Team Fees: \$780
- 15U-U18 State teams** (High School players) 5:00 to 7:00 PM Team Fees: \$890

Media Consent:

HVVC has my consent (parent/legal guardian) to post pictures/videos of my child on HVVC's Website & associated social media accounts. NO YES

Player Conflicts:

- No Yes, I plan to play a Spring sport in school or have another conflict: _____
- Yes, definitely
- I am not sure ****Explain time conflict / schedule problems:**

I acknowledge that volleyball or any sporting event is a test of a person's physical and mental limits and carries with it the potential for property loss, serious injury, or death. I realize there are risks inherent in any sport and I hereby assume those risks. I agree to hold harmless and indemnify from any and all claims of liabilities for injury or damages of any kind, which arise out of or relate to my participation in, or my traveling to and from a volleyball event, the following persons or entities: Huron Valley Volleyball Clubs, Washtenaw Area Volleyball Association (WAVA), Dexter Volleyball Club, Inc., their directors, officers, coaches, agents, tournament directors, Dexter Community Schools, Ypsilanti Schools, Lincoln Schools, Ann Arbor Public Schools, Saline Public Schools and Ann Arbor Plastics, and I agree not to sue any of the person or entities mentioned above.

Parent or Guardian Signature

Date

Once you have received the official invitation to be a player on a HVVC State Club team, you will need to send a payment/deposit for team fees (NON-REFUNDABLE). This can be split into 2 payments; players are required to send \$300 with their acceptance (this will hold your spot on the team) and a second payment (NON-REFUNDABLE) within 2 weeks of their acceptance. **Players who did not play on one of our teams last year must provide two photocopies of their birth certificate.** (Photocopies only please: HVVC cannot be held responsible for returning original birth certificates!)

Administration (For HVVC use only – Do not write in this area)

Tryout Fee: \$ _____ Check # _____ Returning Player _____ Birth Cert _____ USAV Medical Info _____