

A1-Alliance Volleyball Academy Summer Sand Registration/Waiver

(9 Weeks from June 13 – August 11, 2022)

Konkel Park (Morning sessions only)

Location areas serving: (Greenfield ~ Franklin ~ New Berlin ~ South Milwaukee & more) VOLLEYBALL ACADEMY

Participant's name:	_ Age on June 13 th :	Fall Grade: M/F	:
Address:	City:	Zip:	
Parent's name: Cell #	t: ()	Home #: ()	
Parent's e-mail address:	Fall School Name:		
Emergency contact name:	Emergency contact pho	ne number: ()	
Doctor's name:Prima	ary Ins. Comp. for partic	ipant:	
Policy #: Medical	Conditions?		
Recent Injuries/Limitations:			
*** Please <u>circle</u> the session you're registering for. <u>Session 2</u> = Mon. & Wed. 10:30a. – 12:30p. <u>Session</u> 10:30a. – 12:30p. <u>Note</u> : You are allowed to make up	<u>3</u> = Tues. & Thurs. 8:15a	. – 10:15a. <u>Session 4</u> =	
T-Shirt sizes (<u>Circle One</u>): yS yM yL aXS aS aM	aL aXL (y=youth; a	=adult) <u>Please circle a s</u>	size.
A1-Alliance Volleyball Academy Registration Form & Waive I give my child permission to participate in the A1-Alliance 5151 W Layton Ave., Greenfield, WI 53220 (Run by the City 53220-3356). By signing this form I agree to the following t in these volleyball sessions that minor or major injuries care	Volleyball Academy ses of Greenfield: 7325 W Fo erms and conditions: Ta	sions and camps at Konk prest Home Ave, Greenfie	eld, WI
I, my executors, or other representatives recognize the risk release all rights and claims for damages that my child or I Janzen, it's coaching staff, City of Greenfield, Konkel Park, participating in and or observing in these volleyball session locations the same provisions would also apply as stated.	may have against A1-Al it's owners, administrat	liance Volleyball Academ ors and staff if hurt as a ı	ny, Tim result of
I certify the participant has full medical insurance with the member. I also certify to the best of my knowledge that the the activities described. Any limitations should be written a	participant named hero	n is physically fit to enga	
If, during the course of the activities, my child should beco obtain emergency medical/dental care. The participant/lega responsibility for the bills incurred. This waiver must be si current *** USAV member prior to anyone participating in the	al parent or guardian wil gned and be completely	l assume full financial filled out along with bein	
Parent/Guardian Signed:	г	Dated:	
Participant Signed:	D	ated:	
Fees: All Sessions (1 – 4) are \$300.00 each. Only 4 hours p A1-Alliance Note: We allow players to make up their missed Mail payment & form on or before June 12 th to: A1-Alliance For more info.: Please contact us: E-mail a1alliancevb@	d sessions for any other e, 6010 West Port Ave., N	sessions/times we are ru lilwaukee WI 53223.	ınning.
First Come, First Serve. PAY IN FULL TODAY TO RESERVI Summer Sand Instructional Volleyball! If you have any friend	E YOUR SPOT! Thank yo	<u>ou</u> for your interest in A1-	Alliance

*** To obtain a <u>USAV membership</u>, please visit the Badger Region website: Badgervolleyball.org and tab onto "Memberships". The memberships are available by the Badger Region as of May 01. You may also call the Badger Region at 262.349.9785. Please either mail or bring a copy of your membership card <u>prior</u> to attending. <u>Note</u>: Any current Junior members of the Badger Region or members from any volleyball club or schools are welcome to attend. Our summer sand instructional program does not compete for fall club players. Thanks! Coaching Staff