

# 2016 BREMOND LITTLE DIGGERS VOLLEYBALL REGISTRATION INFORMATION

**Registration: Thursday, August 18 – Friday, August 26, 2016**  
*(For Girls Grades 1<sup>st</sup> -6<sup>th</sup>)*

**Cost: \$40 First Player / \$30 Per Additional Player**  
*(Price Includes: Jersey, Socks, Insurance)*  
**Check or Exact Change Preferred Method of Payment!!**

## **Sign-Up Date / Location & Options:**

Bremont ISD Cafeteria - Thursday, August 18, 2016  
(5:00 - 7:30 pm during Open House)

or

Contact any of the individuals below if an email/copy is needed!!

or

A registration form will be sent home at the beginning of school!

## **Registration Deadline: Friday, August 26, 2016**

If you cannot make the date listed above or have questions please contact:

Lindsay White - (979) 255-6483

Jason Green - (979) 218-6280

Debbie Wilganowski - (979) 219-1661

Tabitha Griffin - (254) 652-7876

***\*Games begin Saturday 9/10 & continue 6 consecutive Saturdays ending 10/15!!***

**(Please keep this page for your records!!)**

**2016 BREMOND LITTLE DIGGERS**  
**1<sup>ST</sup> – 6<sup>TH</sup> GRADE**

Player Name \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_

First year playing- YES \_\_\_\_\_ NO \_\_\_\_\_ Grade (2016-2017) \_\_\_\_\_

Parent's Name \_\_\_\_\_

E-mail \_\_\_\_\_

Please Circle One: Would Like to Volunteer / Would Like to Coach

Address \_\_\_\_\_ City \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Preferred Contact Method (Game/Practice Info) - Text \_\_\_\_\_ E-mail \_\_\_\_\_

<b>Player Jersey Size (Included In Registration)</b>							
YS	YM	YL	AS	AM	AL	AXL	A2XL

**~~~Optional Choices~~~**

<b>Parent /Roster Shirt Size - \$15.00 each</b>							
YS	YM	YL	AS	AM	AL	AXL	A2XL
						<b>Total #</b>	<b>X \$15.00 = \$</b>

<b>Asics Knee Pads (Black) - \$15.00 each</b>	<b>X \$15.00 = \$</b>
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<b>Volleyball (Offered @ 25% discount)</b>		
<b>Grade 5/6 – Molten L2 Ball - \$21.00 each</b>	<b>X \$21.00 = \$</b>	
<b>Grade 1/2 &amp; 3/4 – Tachycardia Lite - \$17.00 each</b>	<b>X \$17.00 = \$</b>	

<b>Drawstring Bag - \$8 .00 each</b>	<b>X \$8 .00 = \$</b>
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**Grand Total Due**      \$ \_\_\_\_\_  
*Amount Received*      \$ \_\_\_\_\_  
*Amount Owed (if any)*      \$ \_\_\_\_\_

## REFUND POLICY

I, the undersigned parent or guardian of the participant named, do hereby fully understand that there shall be no refund on any money in part or full after the first game of the season.

### *Health Information*

**Player Name:** \_\_\_\_\_

**Physical Disabilities** \_\_\_\_\_

**Special Care or Needs** \_\_\_\_\_

**Doctor's Name and Phone Number** \_\_\_\_\_

**In Case of Emergency, contact** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

## WAIVER

Undersigned parent, the guardian, or I hereby specifically consent for the above named participant to fully participate in the Bremond Little Diggers volleyball program. I specifically authorize a representative of the program, in the event of an injury or emergency regarding the above named participant to consent to emergency medical treatment. I fully understand that volleyball is a physical sport and can result, on occasion, in injury. I as the parent or guardian hereby specifically release and discharge this program, its agents, coaches, employees, and representatives from any and all claims, liabilities, causes of action including but not limited to negligence pertaining to injury, damage, harm known or unknown which might result directly or indirectly from participation in the program.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_