

2009 Spring Youth Volleyball Leagues at The SportZone!!!



- ◆ 8 games including post-season tournament.
 - ◆ Game shirt and Award for each player.
- ◆ House Teams consist of no more than 9 per team.
 - ◆ May register as entire team.
 - ◆ Spectators will pay a \$3 gate fee.



<p><u>Practices</u></p> <p>Every Wednesday or Friday Beginning April 8th, 2009</p> <p>4-6th Grades: 6:00-9:00 pm 7-8th Grades: 6:00-9:00 pm 9-12th Grades: 6:00-9:00 pm</p>	<p><u>Games</u></p> <p>Saturdays Beginning April 11th, 2009</p> <hr/> <p><u>Picture Day</u></p> <p>May 2, 2009</p>
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Cost: Individual Registration - \$60.00
Team Registration - \$395.00

Divisions:

- ◆ 4th-6th Grades
- ◆ 7th-8th Grades
- ◆ 9th-12th Grades



To Register: Mail or fax form to:
The SportZone
6601 Coffman Road
Indianapolis, IN 46268
Phone: 317-293-2255
Fax: 317-290-9671

Registration Deadline: Please have all completed registrations in by April 1st, 2009.

Fill out the registration form and return with payment to The SportZone

2009 Spring Youth Volleyball League

Player Name: _____ Contact Phone #: _____

Parents Name: _____ Second Contact #: _____

Address: _____ City _____ State _____ Zip _____

E-mail Address: _____ Grade: _____ Yrs of Experience: _____ Age: _____

T-Shirt: YS___ YM___ YL___ AS___ AM___ AL___ AXL___ (Specify number needed if applicable)

Team mate request: **(LIST NO MORE THAN TWO AND PLEASE NOTE NOT ALL REQUESTS CAN BE GRANTED.)**

1. _____ 2. _____

Interested in coaching/assisting (circle)? Coaching Assisting Years of Coaching Experience: _____

I, the parent/guardian of the above named player agree NOT to hold The SportZone, its management, owners, and/or coaching staff responsible for any injury that may result to the above named player as a result of participating in this volleyball league.

Parent/Guardian Signature _____ Date _____

Parent/Guardian name (printed) _____

Payment: CardType _____ Card# _____ Exp. Date: _____

Exact Name on Credit Card: _____ Signature: _____