

Youth Volleyball Leagues

Fall-Winter 2010-2011 Sessions I & II

at THE SPORTZONE

- 4th-6th Grade Division & 7th-12th Grade Division. Two sessions offered.
- 8-game guarantee including post-season tournament. Double-headers are possible.
- May register as an individual player or as a team. House teams have 9 players max.
- Games are on Saturdays; practices are either Wednesday or Friday
- Registration Deadline: Session I: Sept. 11 Session II: Dec. 4. Balances due before 2nd game.
- League play begins: Session I: Oct. 9 Session II: Jan. 8.
- Spectator Gate Fee: \$3 per person

Where: THE SPORTZONE
 6601 Coffman Road
 Indianapolis, IN 46268 phone: 317-293-2255
 sportzoneindy.com fax: 317-290-9671

Cost: Individual Player: \$65 per player
 Team Registration: \$420 per team
 (t-shirts not included for team registrations)
No credit or refunds for games not played.

To Register: Either call The SportZone 317-293-2255 and register over the phone OR fill out the attached registration form and mail to The SportZone (address above).



fill out form and return with payment to The SportZone Fall-Winter 2010-2011 Sessions I & II Youth V-Ball Leagues
 If registering as a team, a \$100 non-refundable deposit OR full payment is required to secure a spot.

Player Name _____
 (if registering as an individual)
 T-shirt Size (circle one): AS AM AL AXL

Team Name _____
 (if registering as a team)

Division (circle one): Grades 4-6 Grades 7-12

E-mail _____

Session (circle choices): Session I Session II

Parent Name(s) _____
 (if registering as an individual)

Coach Name _____
 (if registering as a team)

Phone Numbers home: _____ office: _____ cell: _____

Address _____ city: _____ state: _____ zip: _____

Special Requests _____

**please note that due league size, etc. not every request can be honored.

Interested in coaching/assisting (circle one): Coaching Assisting Years of coaching experience _____

Waiver (read and sign): 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 to the above named player as a result of participating in this league.

Parent/Guardian Signature _____ Date _____

Payment: check credit card Card Type _____ Card # _____
 (circle one) (M/C, Visa, AMEX, Discover)

Security Code _____ Card Expiration Date _____

Exact Name on Credit Card _____ Signature _____

The SportZone reserves the right to charge the above credit card without notice for any remaining balance that exists after the team's 1st game. The team is responsible for the full bill. Any UNPAID bills could result in player suspensions. Teams pulling out after league schedule has been sent out are responsible for the total registration fee in full.