

HILLVIEW VOLLEYBALL REGISTRATION 2007

The Menlo Park Recreation Department offers an excellent after-school volleyball program open to all Hillview students regardless of previous experience. Team practices begin the middle of September and games tentatively begin the week of Sept. 24 and finish before Thanksgiving. Please note any conflicts such as days/times your child/children won't be able to practice. We will do our best to accommodate requests, but can't guarantee. Once teams are selected, it is difficult to change. Conflict days/times are: _____. Players are expected to attend practices/games regularly.

FUN & EXCITING games after school at Burgess Gym (Tentative Days)

6th Girls- Tuesdays, 7th/8th Girls - Monday

Burgess workout Schedule: Mandatory Workouts for team placement will occur in the Hillview Multi, Monday, September 10. Specific times for your grade level workout will be noted in a future newsletter.

Tournament Team (additional tournament team info on Hillview PTO Website)

7th and 8th grade girls interested in being considered for additional competitive volleyball are invited to tryout for a Tournament Team. There will be minimal additional fees and additional commitments for Tournament Team play. Mandatory tryouts will be during the week of August 27 after school. Tournament Team will be scheduled to play in tournaments and exhibition matches. If interested in trying out please check here _____. *It is mandatory for all tournament team players to play on Burgess League Teams.*

Registration form must be turned in before attending tryouts/workouts

We Need Volunteers

We can only support as many teams as we have coaches. No previous experience is necessary! A coaching clinic will be provided for all coaches. Sign up here if you are interested:

Name _____ Phone _____ email _____

Registration Deadline is Friday, August 31 unless teams fill up before this. We can only accommodate up to 10 players per team and can only field as many teams as we have coaches.

Please return this form and a registration fee of **\$100** per participant, payable to the Hillview PTO, during Arena Check In or to the Hillview front Office. Late registrants will be subject to wait-list. **Don't delay, sign up today for Burgess and/or Tournament Team!!!**

Player's Name _____ Grade _____

Player's Address _____

Phone _____ Female _____ Male _____

Parent's Name(s) _____ email address _____

Health Insurance Carrier _____ ID/Policy # _____

Emergency Person to reach if parent(s) are unavailable:

Name _____ Phone _____

(please check as appropriate)

1. Fee enclosed _____ (**\$100**) payable to the Hillview PTO
2. I have been approved for free and reduced price meals and am requesting a full or partial scholarship _____ (Forms can be obtained from the Hillview office)
3. I am happy to donate towards scholarships. Enclosed is my donation for \$_____.

(permission slip on reverse side must be completed to participate)

Direct Volleyball questions to Mr. Bell 326-4341 ext 507, email: hbell@mpcsd.org

PERMISSION SLIP FOR PTO AFTER SCHOOL SPORTS

I WANT MY SON/DAUGHTER/LEGAL CHARGE, _____,
Name

TO PARTICIPATE IN THE PTO AFTER SCHOOL SPORTS PROGRAM.

1. I UNDERSTAND THAT THIS ACTIVITY CAN BE DANGEROUS and that my son/daughter/legal charge could be injured even if the activity is conducted with due care by all concerned.
2. I AM FULLY AWARE OF THE RISKS and hazards inherent in my son/daughter/legal charge engaging in this activity and I voluntarily elect, both on my behalf and on behalf of my son/daughter/legal charge, to have him/her engage in that activity, that the activity is such that my son/daughter/legal charge may be injured even if the School District, the PTO, and the City of Menlo Park utilize due care. I also know that the Menlo Park City School District, the PTO, and the City of Menlo Park are not a guarantor of my son/daughter/legal charge's safety and financially could not conduct this activity if it bore the risk of injury or death arising out of the same. I THEREFORE VOLUNTARILY ASSUME ALL RISKS OF LOSS, DAMAGE, INJURY OR DEATH to my son/daughter/legal charge arising out of his/her participation in this activity.
3. It is my intent by this clause to exempt and relieve the Menlo Park City School District, the PTO, and the City of Menlo Park its officers and agents, from any and all liability for personal injury, wrongful death or property damage arising out of my son/daughter/legal charge's involvement in this activity.
4. Further, on behalf of myself, my son/daughter/legal charge, and our personal representatives, assigns, heirs, and next of kin, I HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the Menlo Park City School District, the PTO, and the City of Menlo Park, its officers, employees, agents or representatives for loss or damage and any claims or demands therefore on account of injury or death to my son/daughter/legal charge, where such injury or death occurs during, by reason of or arising out of this activity.

Parent/Legal Guardian

Date