



## CEA Athletics 2019-2020

### Program Registration Notice: Volleyball (Developmental 2-4)

<b>Program Name:</b>	Girls Volleyball (Developmental 2-4)
<b>Eligible Grades/Ages:</b>	2 <sup>nd</sup> – 4 <sup>th</sup> Grades
<b>Start Date:</b>	Monday, September 16 (7 week program)
<b>Fee:</b>	\$150
<b>Practice &amp; Game Days:</b>	Practices – Monday through Thursday, 3:00pm to 3:45pm
<b>Try-outs:</b>	Not required

#### **Important program details**

This program is for novice players and provides an opportunity for the students to obtain experience in the sport and prepare them to play in the future. This group will not be participating in games.

All students are required to have knee pads.

Changes made to the schedule and/or any game-day updates will be sent out via text. Please ensure that the office has a correct cellular number where you may be reached.

#### **Registration information**

To register for this program, please complete the attached registration form and return it along with payment to Adrian Izquierdo in the main office no later than September 13. In addition, an updated Parental Consent/Medical Clearance Form must also be submitted to the office in order for any student to participate.

If you have any questions, please feel free to contact Coach Carlos Salvat at [csalvat@conchitaespinosa.com](mailto:csalvat@conchitaespinosa.com).





**CEA Athletics**  
**2019-2020**

**Program Registration Form: Girls Volleyball (Developmental)**

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_

Teacher: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home phone: \_\_\_\_\_

Primary E-mail (please print clearly) \_\_\_\_\_

Primary Cell number for text updates \_\_\_\_\_

Shirt Size: \_\_\_\_\_ (XS, S, M, L, or XL. Please indicate if size is Youth or Adult)

**WAIVER AND RELEASE: I (We) hereby give my (our) approval to my (our) child's participation in this activity and hereby, release, indemnify, and hold harmless Conchita Espinosa Academy, Inc., its staff and employees, by reason of my (our) child's participation in said program.**

Parent's signature \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed registration form to Adrian Izquierdo in the office along with the registration fee before the first practice.



**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

Payment Received: \_\_\_\_\_