



CEA Athletics 2021-2022

Program Registration Notice: [Volleyball – Fall Developmental](#)

Program Name:	Volleyball – Fall Developmental
Eligible Grades:	K4 – 2nd Grades
Start Date:	September 20 through October 21
Fee:	\$150
Practices:	Option 1: 4 days/week, Monday through Thursday Option 2: 2 days/week, Any two days of your choice (except Fridays) Time: 3pm to 4pm
Try-outs:	Not required

Important program details

- Students may wear their PE uniform for practices.

Changes made to the practice schedule and/or any game-day updates will be sent out via text to the phone numbers on the registration form.

How to Register

1. Complete the attached registration form and email it to aizquierdo@conchitaespinosa.com **no later than Thursday, September 16.**
2. Submit payment of **\$150** through the schools payment portal:
<https://www.conchitaespinosa.com/payment-portal/>
3. Be sure you have submitted an updated Parental Consent/Medical Clearance Form. This must on file in the office in order for any student to participate.

Dismissal

- After each practice, students will be taken to after school care for dismissal.
- Students will be dismissed using PikMyKid.
- Please arrive on campus no sooner than 15 minutes after the scheduled end of your child's practice.
- Students are expected to be picked up between 15 minutes to 30 minutes after the completion of their practice. Any child who stays significantly beyond the end of their sport will be charged a late, aftercare fee.

Questions

Contact our Athletic Director, Coach Carlos Salvat at csalvat@conchitaespinosa.com.



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2021-2022

Program Registration Form: Volleyball – Fall Developmental

Student's Name: _____ Grade _____ Age _____

Teacher: _____ Birthdate: _____

Home phone: _____

Primary Parent E-mail (please print clearly) _____

Primary Parent Cell number for text updates _____

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

Schedule Selection:

___ 4 days per week, Monday through Thursday

___ 2 days per week (select two days below)

___ Monday ___ Tuesday ___ Wednesday ___ Thursday

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 via email to aizquierdo@conchitaespinosa.com and submit the program fee via the payment portal https://www.conchitaespinosa.com/payment-portal/ .

OFFICE USE ONLY:

Date Received: _____

Payment Received: _____