



Boys & Girls Clubs of Hood County 2009 Girls Volleyball Registration



Wee League K - 1st Grade Quick Silver League 2nd - 3rd Grade Dig League 4th - 5th Grade
Junior League 6th - 7th Grade Ace League 8th - 9th Grade

IMPORTANT DATES:

Registration: January 7, 2009 through February 7, 2009
Late Registration: No registrations accepted after February 7
Registration Fee: Wee League K-1: \$65.00
Grades 2-9: \$75.00 for the first child \$60.00 each child thereafter
Pre-Season Skills Clinics: Serving Clinic: February 6 / 7:00-9:00pm
(\$15 ea or \$20 for both) Skills Clinic: February 7 / 8:30
Player Evaluations: February 7 / 1:00pm-5:00pm
Draft: February 11
Season Begins: Practices Begin: Friday, February 20
Opening Day: Saturday, February 28

OUR MISSION:
We strive to provide a positive environment where young girls can ignite a passion for volleyball, learn the importance of TEAM and develop fundamental skills that will make them strong players and leaders.

***** Save important dates above! Cut and return bottom portion to Boys & Girls Club or All About Sports *****

Player Name: _____ Division: ___ K-1 ___ 2-3 ___ 4-5 ___ 6-7 ___ 8-9

DOB: _____ (mm/dd/yyyy) Age: _____ (as of 9/1/08) Grade: _____ School: _____

Contact 1 _____ Relationship to child: _____

Contact 2 _____ Relationship to child: _____

Primary phone #: _____ - _____ (___ h ___ cell ___ wk) Secondary phone #: _____ - _____ (___ h ___ cell ___ wk)

Email 1: _____ Email 2: _____

Address: _____ Apt. # _____ City: _____ Zip: _____

IMPORTANT CHANGE

K-5 will participate in "DRAFT" selection for placement on a team.
6th - 9th grade can be invited to be a part of a team. (Up to 6 players per team may be pre-selected, remaining players assigned by league) If you have been contacted by a coach and accepted their offer, please indicate: Coach: _____

I AM INTERESTED IN:

Team Mom: _____

Head Coach: _____ Assistant Coach: _____

Head Coach will be provided with Team shirt.

Please select size. Adult: ___ S ___ M ___ L ___ XL ___ 2XL

All Volunteers **must** complete volunteer application. **Coaches & Asst Coaches** must pay \$18 for criminal history back ground check. Payment for back ground search & volunteer app due 1/31/2009.

QUESTIONS?

Contact BGC Volleyball Director, Laura Bush
817-269.0554 bgcvolleyball@aol.com www.bgchood.org

PLAYER EXPERIENCE (please check all that apply):

- I am NEW to volleyball
- I have played in THIS league before
___ 1yr ___ 2yr ___ 3yr ___ 4yr ___ 5+yr
- I play, or have played, Junior High/Freshman volleyball
___ A Team ___ B Team ___ C Team
- I CAN overhand serve
- I play, or have played, volleyball for a **competitive club**
(such as Texas Image, TAV, ACE, Cowtown, etc.)
- Position(s) I have played: (check all that apply)
___ Setter ___ Hitter Right ___ Hitter Left ___ Hitter Middle

Amount Attached: ___ \$65 (K-1) ___ \$15 Serve Clinic OR ___ Register me for clinic; I will pay at the door
Payable to: BGC Hood ___ \$75 (Grade 2-9) ___ \$15 Skills Clinic OR ___ Register me for clinic; I will pay at the door
\$25 returned check fee ___ \$60 (additional player) ___ \$20 BOTH OR ___ Register me for clinic; I will pay at the door

** Scholarships Available for Registration Fee **

Total attached: \$ _____ check # _____ cash _____

Player Jersey Size: Youth: ___ XS ___ S ___ M ___ L
Adult: ___ S ___ M ___ L ___ XL