



Boys & Girls Clubs of Hood County
2010 Volleyball Registration
Girls Grades 2-9 AND Adult Co-Ed 18 and up!



Player Name: _____ **Division** (*circle one*): 2-3 4-5 6-7 8-9 Adult

DOB: _____ (*mm/dd/yyyy*) **Age:** _____ (*as of 9/1/09*) **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: _____

2-5 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 2/1/2010.*

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

CIRCLE ONE					
Player					
Jersey Size:	Youth:	XS	S	M	L
	Adult:	S	M	L	XL 2XL

Amount Attached: ___ \$85 (Grade 2-9) ___ \$70 (additional player(s) in same household)
 ___ \$55 (ADULT)
 ___ \$5 Serve Clinic ___ \$5 Passing Clinic ___ \$5 Hitting/Setting Clinic (*this clinic 6-9 grade only*)

Make checks Payable to: BGC Hood (\$25 returned check fee)
 ** Partial Scholarships Available for Registration Fee **

I give permission to Boys & Girls Club of Hood County to post pictures of me and/or my child to their website.

I do not give permission to Boys & Girls Club of Hood County to post pictures of me and/or my child to their website.

signature of parent/guardian or adult participant

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.

<p>Questions? Contact BGC Volleyball Director, Laura Bush 817.269.0554 * bgcvolleyball@aol.com * www.bgchood.org STAY UP-TO-DATE! Become a "FAN" of our FaceBook page: 3-D VOLLEYBALL CLUB</p>
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For Office Use only:
Total attached: \$ _____ **check #** _____ **cash** _____