

2012 VOLLEYBALL LEAGUE- GIRLS INDIVIDUAL "FREE AGENT"

_____ Does your registration contain a new address or phone #?

SAVE TIME AND REGISTER ON-LINE @ www.aareced.com

You must have a current on-line account to use this option. No discounts or scholarships can be used for on-line registration.

Priority Registration Period: April 16 – May 14, 2012, 5:00 pm

Priority Registration Fees: \$64 - AAPS district resident; (\$74 - Non-resident)

Standard Registration Fees (after 5:00 on 5/14/12): \$74-Resident; (\$84- Non-resident)

Player's Name: _____
(first) (last)

Player's Address: _____
(street) (city) (state) (zip)

Player's Home Phone: (____) _____ Parent Daytime Phone: (____) _____

Player's Gender: M F Date of Birth: _____ Grade (12-13 school year): _____

List the School player currently attends: _____

League you are registering your child to play: **Girls Grade 9/10 volleyball 5643.411***

****Girls in grades 11 & 12 may also sign up to be placed on a team in the JV league as long as they were not a member of their respective high school squad in Fall 2011.***

Have you signed your child to 'play up' one grade? ____ Yes ____ No

Adult T shirt size: Small Medium Large Extra-Large

Special Requests for team placement: _____

Parent / Payor name: _____
(first) (last)

Address: _____
(street) (city) (state) (zip)

Email Address: _____ Gender: M F

Home Phone: (____) _____ Work phone: (____) _____

Other Phone: (____) _____ Payor Date of Birth: ____/____/____

PLEASE COMPLETE IF PAYING BY CREDIT CARD:

Name _____
Print the name exactly as it appears on the credit card

VISA MASTERCARD AMERICAN EXPRESS Amount charged \$ _____

Card # _____ Exp. Date: _____

Signature (required) _____

I agree to pay above total amount according to the card issuers agreement and the High School Volleyball Refund/Credit policy

**PARENT OR GUARDIAN MUST SIGN THE BACK OF THIS FORM!
PLEASE COMPLETE THE OTHER SIDE OF THIS REGISTRATION FORM**

2012 Grade 9/10 GIRLS 'FREE AGENT' VOLLEYBALL TEAM

Acknowledgement of Warning & Assumption of Personal Responsibility

Each registrant's parent or guardian must sign this statement. **Registrations without a parent's or guardian's signature on the line below will not be accepted and will be returned for signature.**

I hereby acknowledge that Community Education and Recreation has warned me that my child, by participating in the 9th / 10th grade Volleyball Program, may be injured. Injuries might include, but are not limited to, injuries to the eyes, nose, and other parts of the face, contusions, sprains, fractures, ligaments or cartilage damage, which could result in partial, complete, temporary, or permanent impairment in the use of limbs. These and other injuries could also result in brain damage, paralysis, or even death.

Even though these injuries might occur, I give my consent to my child, who is named on this form, to participate in the 9th / 10th grade Volleyball Program. I understand and accept that there is no Benefit Fund to participate in this program, and I agree to assume personal responsibility for any injuries that my child may suffer as a participant in this program. I also realize that there will not always be trained medical personnel on site at the program's practices and games.

Parents' Code of Ethics: I promise to support the goals of the Rec & Ed Volleyball Program, which include teaching youth to work cooperatively and develop self-esteem through sports, to develop sports skills, and above all, to have fun. Furthermore, I understand that, as a spectator, if my conduct or language is deemed to be unsportsmanlike by the Recreation Department, I may be asked to leave the playing area in which my son's / daughter's games are being held.

PARENT OR GUARDIAN – PLEASE SIGN: ACKNOWLEDGMENT OF WARNING

X Signature of parent or guardian: _____ Date: _____

Please mail your completed registration form to the Rec & Ed office or place in the 24-hour drop box at: **1515 S. Seventh Street, Ann Arbor, 48103**, or fax it with credit card payment to **734-994-1454**. Make sure that the appropriate fee has been paid and the parent has signed above.

ADULT VOLUNTEER REGISTRATION FORM

Name: _____
(first) (last)

Address: _____
(street) (city) (state) (zip)

Evening telephone: (____) _____ Work or Cell Phone: (____) _____

I am volunteering for the following:

_____ Head Coach or _____ Assistant Coach or _____ Team Parent, if needed, for the _____

team that my child, _____ will be on. I realize that I may or may not be assigned to any of the above

positions that I am volunteering for. However, if I am, I will follow the guidelines and policies of the High School Volleyball Program as set forth by Community Education and Recreation.

2012 SUMMER HIGH SCHOOL VOLLEYBALL TIMELINE

SAVE THIS TIMELINE UNTIL YOU ARE CONTACTED BY A COACH

- | | |
|------------------|--|
| Monday, April 16 | ONLINE REGISTRATION BEGINS |
| Monday, May 14 | PRIORITY REGISTRATION FEE EXPIRES.
All registrations <u>must be received in the Rec & Ed office by 5:00 pm on May 16,</u> in order to receive the early registration rate. Postmarks will NOT be accepted. |
| Tuesday, May 15 | Registrations will be put on hold at 8:00 am to break down teams.* All registrations received after this day are not guaranteed team placement. |
| Tuesday, May 15 | Coach's Meeting, 6:30 PM |
| Monday, May 21 | PLAYERS WILL BE NOTIFIED by phone of their team assignment from their head coach by May 21. Players who have not heard from a coach by May 22 should contact Rec & Ed at 734-994-2300 ext. 53254. |
| Tuesday, May 29 | PRACTICES BEGIN this week. Each team practices 60-90 minutes per week. |
| Tuesday, June 5 | GAMES BEGIN. Each team plays 6 matches during the season. |
| Tuesday, July 3 | NO GAMES! Happy 4 th of July. |
| Tuesday, July 31 | LEAGUE ENDS |