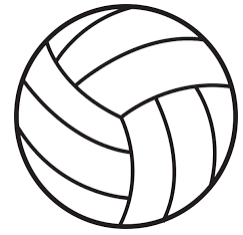




Big O's Athletics "Fall Volleyball"



offered at Highpoint Academy

• **TEAMS:**

Jr. Varsity Co-Ed: 5th & 6th Grade

Varsity Co-Ed: 7th & 8th Grade

Varsity Girls Only: Middle School

• **INSTRUCTORS/COACHES:** Coach Oscar Sanchez and Asst. Coach Isabela Sanchez

• **PROGRAM:** Players will learn the rules of volleyball and compete against other schools

• **DATES:** August 24, 2022 thru November 9, 2023

• **PRACTICES OR GAMES:**

Days: Monday, Wednesday and Thursday

Times: 3:30-5:30 p.m. *Note: some games will be from 5:00 to 6:00 p.m.*

• **TRANSPORTATION:** Parents must transport players to/from away game locations. A "Volleyball Chat Group" will be created in WhatsApp to communicate information.

• **SEASON FEE:** \$175.00 includes volleyball jersey, shorts and medal.

REGISTRATION FORM & DISCLAIMER

Student's Name: _____

Date of Birth: _____ **Age:** _____ **Grade/Level:** _____

Parent/Legal Guardian's Name: _____

Mom's Cell Ph.: _____ **Dad's Cell Ph.:** _____

EMail Address: _____

Please register my child for "BIG O's ATHLETICS VOLLEYBALL PROGRAM". I understand that this program is organized and operated by Coach Oscar Sanchez only, not by Highpoint Academy, Inc. Highpoint Academy, Inc., its owner/Directors, employees and/or volunteers are NOT responsible or liable for any accidents or injuries occurring during this extra-curricular athletic activity, regardless of where activities are taking place. I understand that insurance IS NOT included in the fees. I certify that my child is physically/mentally fit to participate in this optional activity. I understand transportation is not included and that only Adults that have been authorized in writing may pick up my child from the school to transport him/her to away games at their own risk AFTER my child has been dismissed and scanned out of school.

NAME OF ADULTS AUTHORIZED TO PICK UP AND TRANSPORT MY CHILD IN THEIR PRIVATE VEHICLE:

_____ Cell Ph: _____

_____ Cell Ph: _____

_____ Cell Ph: _____

Date: _____ **Signature of Parent/Legal Guardian:** _____

\$175.00 CHECK MUST BE PAYABLE TO: Oscar Sanchez