

Volleyball League Spring '09



8 Week Instructional Volleyball League

Boys & Girls Ages 7-14: Age Divisions: 7-9, 10-11, 12-14

Where: Irvine at Legacy (Old Vista Verde on Michelson) School

Starting Date: Wednesday, April 1, 2009, 6:00-7:00 p.m.

Days we meet: Wednesdays: 6:00-7:00 p.m. and Saturdays: 9:00-10:00 a.m.

Cost: Early Registration: \$120 due by December 15, 2008

Regular Registration: \$140 until March 15, 2009

Late Registration: \$180 until April 1, 2009

(No registrations will be accepted after the April 1 deadline unless space permits)

Multiple Child Discount: 2nd child or more: Deduct \$10 for 2nd., 3rd., etc...

****USYVL is a Volunteer Organization****
Make a difference in your community by volunteering!

Questions Call 1.888.988.7985 or visit

www.USYVL.org

Member Organization of



USA Volleyball

Price Includes: Every player will receive a ****Volleyball, Uniform and an official USYVL Individual Medal!**

**If a returning player will be in the same age division and has a volleyball from last season, you may select the NO BALL Option and save \$10

Good news for parents: The USYVL does not require any fundraising!

How To Register:

REGISTER ONLINE at
www.usyvl.org
 Credit cards accepted only online!



or

Mail the attached form with your check payable to:
USYVL
 2771 Plaza Del Amo, Suite 808
 Torrance, CA 90503

Participant: _____ New Player Returning Player
 First Name _____ Last Name _____ Middle Initial _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: () _____ - _____ E-mail: _____ Birth Date: ___/___/___ Grade: ___ Age: ___
 Name of Sibling(s) on Same Team: _____ Sibling(s) Age: _____
 Playing Site: Irvine Gender (Please Circle One): M F T-shirt size (Please Circle One): Youth S M L XL Adult S M L XL
 Mother: _____ Print Name _____ Father: _____ Print Name _____

The USYVL is a parent volunteer organization. PLEASE VOLUNTEER FOR ONE OF THE POSITIONS BELOW!

Check the box below and circle your shirt size if you would like to volunteer for one of the following positions:

Mother/Guardian: _____ Coach Asst. Coach Registration First Aid
 Volunteer Shirt Size: S M L XL XXL XXXL
 Father/Guardian: _____ Coach Asst. Coach Registration First Aid
 Volunteer Shirt Size: S M L XL XXL XXXL

A head coach, and a HEAD COACH ONLY can request to have a specified child, in addition to their own child, participate on their team. Both children must be registered by the regular registration deadline.

Requested Child's Name: _____

Payment

Registration Fee: \$ _____
 Discounts If Applicable
 Multiple Child Disc. (-\$10): \$ _____
 **Returning players in same age division may select
 **NO BALL Option (-\$10): \$ _____
 Total Enclosed: _____

Refund Policy - If for any reason you need to drop out of the league, a written request must be received 7 days prior to the league start date, you will receive a refund of 50% of the registration fees paid or a nonrefundable credit valid for one year from the date issued. However, no refunds will be issued if you cancel within 7 days of the league start date or if you fail to participate in the league. Financial aid is available. Please call the USYVL office at 1-888-988-7985 for additional information. Please visit the USYVL website at www.USYVL.org for more information. I have read and I understand the terms described above. I authorize my child to participate in the United States Youth Volleyball League.

Parent/Guardian: _____ Print Name _____ Signature _____ Date _____

