

*Arlington Courts* Proudly Presents

**VolleyKids**  
**Introduction to Volleyball**  
**1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> Grade**  
**Fall I**

**Friday Nights Starting**  
**Sept. 29<sup>th</sup> – Oct. 27<sup>th</sup>**

**6:30-8:00 pm**

**Cost \$70, Coaches provided by ACE Volleyball**  
**Open to teams and individuals**

*This league is for girls and boys entering 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> grade Fall '17*

----- Application (detach and return with check or pay with Credit Card) -----

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

CC: Visa \_\_\_ MC \_\_\_ Discover \_\_\_ # \_\_\_\_\_ Exp. Date \_\_\_ / \_\_\_

I, the undersigned give permission for my child to participate in Arlington Courts Volleyball League. This authorization shall waive, release and resolve Arlington Courts and its staff from any and all liability from injury and or illness incurred by the player, parent, sibling, or spectator. I give the staff permission to act on my behalf, according to their best judgment, in any emergency. I also certify that the above applicant has no physical problems or disabilities which would impede her from participating in Arlington Courts Volleyball League other than those prior noted on an attached sheet with this application.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Arlington Courts*, 3120 E. Pioneer Pkwy, Arlington, TX 76010**  
**817-417-5468, e-mail: [mncsiska@sbcglobal.net](mailto:mncsiska@sbcglobal.net) \* [www.acevolleyball.org](http://www.acevolleyball.org)**

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