ELEMENTARY
VOLLEYBALL SEASON

Round Robin Play with a Single Elimination Tournament

Who: 4th-6th Graders

Where: FLC

When: 3rd Quarter

Time 2:40-3:20 pm
Cost $40* (billed to account)

**This includes facility/equipment usage and uniform rental fees. Students are responsible for shoes, socks and athletic shorts.*

Important!
Please hand in the waiver form to the Main Office by **January 9.**

Roster spots for teams are limited and will be given on a first-come first-served basis.

Clinics will be held December 12-13. Your child must attend at least one clinic or turn in his/her waiver form in order to be placed on a team.

Schedules will be given out January 10th.

Games will vary Monday- Friday of each week.

Committed Date (Drop/Add): **January 11.**

Please complete this form and turn it in to the Main Office by Wednesday, January 9.

I hereby give permission for my child to participate in the HISL Elementary Volleyball Season. I understand the physical demands that this activity requires and verify that my child is physically able to participate. I hereby release Harvest Christian Academy, Harvest Baptist Church, its coaches, agents, and affiliates from any liability resulting from my child's participation in this activity.

Student's full name: _____

Teacher: _____

Grade (circle): *4th* *5th* *6th*

Parent's Signature: _____

Other Activities (circle): *Choir* *Orchestra* *Tutor* *Art* *Beginning Instrument* *Band*

Other: _____

Office Use Only:

Date form brought to office:

____/____/____

Academic Probation: *Yes* *or* *No*