

# SCJAA VOLLEYBALL REGISTRATION

Season runs from the end of March through end of May. Practice: 2 days a week, and games on Saturdays.

MAIL IN REGISTRATIONS ONLY

ALL **5TH** AND **6TH** GRADE GIRLS AND BOYS

MAIL COMPLETED FORM ON REVERSE SIDE, WITH PAYMENT, TO:

SCJAA VOLLEYBALL 5th&6th Grade  
PMB 156  
26910 92ND AVE NW C-5  
STANWOOD, WA 98292

(MUST BE RECEIVED BY FEB. 19)

\_\_\_\_\_ Check here if interested in coaching.

\_\_\_\_\_ Check here if interested in assistant coaching.

COST: \$70.00

SCJAA VOLLEYBALL IS A BASIC, BEGINNING PROGRAM, FOR INDIVIDUALS WHO WANT TO LEARN AND/OR IMPROVE BASIC SKILLS OF VOLLEYBALL.

REQUEST WILL BE CONSIDERED, BUT NOT ALWAYS GUARANTEED.

THERE WILL BE AN EQUAL NUMBER OF 5TH AND 6TH GRADE EXPERIENCED / NON-EXPERIENCED PLAYERS PER TEAM.



QUESTIONS: PLEASE CALL DEDE 360-654-0927



**STANWOOD-CAMANO JUNIOR ATHLETIC ASSOCIATION VOLLEYBALL APPLICATION 2009**

Shirt size (circle one) YS6-8 YM10-12 YL14-16 AS AM AL Paid\_\_\_\_\_Check\_\_Cash\_\_(NSF check charge \$15)  
FIRST NAME \_\_\_\_\_ LASTNAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ HEIGHT \_\_\_\_\_  
YEARS OF PARTICIPATION (circle one) never played 1yr 2yrs more \_\_\_\_\_  
HAVE YOU PLAYED IN A SELECT, CLUB, OR ADVANCED VOLLEYBALL PROGRAM BEFORE \_\_\_\_\_ HOW MANY YEARS \_\_\_\_\_  
PARENT/GUARDIAN \_\_\_\_\_ EMPLOYER \_\_\_\_\_

I/we, the parents of the above named candidate for a position on a SCJAA team hereby give my/our approval to participate in any and all SCJAA activities. I/we assume all risks and hazards incidental to such participation including transportation to and from the activities: and I/we do here by waive, release, absolve supervisors, participants and person transporting my /our child, whether the result of negligence or for any other cause, except the extend and in the amount covered by accident or liability insurance. I/we will furnish a certified birth certificate (if required) for the above named candidate to SCJAA OFFICIALS.

DATE \_\_\_\_\_ PARENT/GUARDIAN \_\_\_\_\_

(This is not a school district sponsored event. The Stanwood Camano School District has neither reviewed nor approved the program, personnel, activities, or organizations announced in this flyer, and undertake no responsibility to supervise these events. Permission to distribute this flyer should not be considered a recommendation or endorsement of the program by the district.)

**STANWOOD-CAMANO JUNIOR ATHLETIC ASSOCIATION EMERGENCY AUTHORIZATION CARE**

TO WHOM IT MAY CONCERN:

As a parent and /or guardian of \_\_\_\_\_, a minor, I herewith authorize treatment by a qualified and licensed medical doctor in the event of a medical emergency which; in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me.

Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Family Phycsian \_\_\_\_\_ Telephone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Telephone \_\_\_\_\_

Name of primary Medical Insurance \_\_\_\_\_ POLICY # \_\_\_\_\_

Specific medical allergies, chronic illness or conditions that treating staff should be aware of \_\_\_\_\_

Dates during which release is granted \_\_\_\_\_ to \_\_\_\_\_

Other contact name in case of emergency:

\_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

This release form is completed and signed of my/our own free will; and with the sole purpose of; authorizing medical treatment under emergency circumstances in my absence.

SIGNATURE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\*ENTIRE FORM MUST BE COMPLETED AND SIGNED\*\*\*\*\*