

2017 AYSA HIGH SCHOOL VOLLEYBALL SHOWCASE: Abilene, TX: July 21-22, 2017

SHOWCASE REGISTRATION / WAIVER

Registration Deadline:

June 30, 2017

Pay Option: (Circle Choice)

Team Entry Only: \$700

*Team Lunch Package: \$800

* Team Lunch Package includes Team Entry Fee + On-site player lunches for both days

** We can only accept check payments from one Team Representative. If deposit is submitted with this application, the remaining team fees are due on or before June 30, 2017. All payments (Team Only & Lunch Package) payable to AYSA.

Payment Included with this Application (Circle): Deposit (\$350) Full Team Fee (\$700) Full Lunch Package (\$800)

COACHES PLEASE FILL OUT ALL OF THE INFORMATION BELOW AND RETURN TO AYSA WITH APPROPRIATE FEE.

| | |
|---------------------|----------------------------------|
| Team Contact: _____ | Home Address: _____ |
| School Name: _____ | City: _____ St: _____ Zip: _____ |
| City: _____ | Phone: _____ |
| School Coach: _____ | Email: _____ |

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|-------------------------------------|--|
| Player's Name: _____ | Grade (Fall of 2017): _____ POS: _____ |
| Home Address: _____ | Ht: _____ Age: _____ #: _____ |
| City: _____ State: _____ Zip: _____ | Phone: _____ |
| Parent's Name: _____ | Email: _____ |
| Parent's Signature: _____ | Player Recognitions/Stats: _____ |

| | |
|-------------------------------------|--|
| Player's Name: _____ | Grade (Fall of 2017): _____ POS: _____ |
| Home Address: _____ | Ht: _____ Age: _____ #: _____ |
| City: _____ State: _____ Zip: _____ | Phone: _____ |
| Parent's Name: _____ | Email: _____ |
| Parent's Signature: _____ | Player Recognitions/Stats: _____ |

| | |
|-------------------------------------|--|
| Player's Name: _____ | Grade (Fall of 2017): _____ POS: _____ |
| Home Address: _____ | Ht: _____ Age: _____ #: _____ |
| City: _____ State: _____ Zip: _____ | Phone: _____ |
| Parent's Name: _____ | Email: _____ |
| Parent's Signature: _____ | Player Recognitions/Stats: _____ |

| | |
|-------------------------------------|--|
| Player's Name: _____ | Grade (Fall of 2017): _____ POS: _____ |
| Home Address: _____ | Ht: _____ Age: _____ #: _____ |
| City: _____ State: _____ Zip: _____ | Phone: _____ |
| Parent's Name: _____ | Email: _____ |
| Parent's Signature: _____ | Player Recognitions/Stats: _____ |

| | |
|-------------------------------------|--|
| Player's Name: _____ | Grade (Fall of 2017): _____ POS: _____ |
| Home Address: _____ | Ht: _____ Age: _____ #: _____ |
| City: _____ State: _____ Zip: _____ | Phone: _____ |
| Parent's Name: _____ | Email: _____ |
| Parent's Signature: _____ | Player Recognitions/Stats: _____ |

| | |
|-------------------------------------|--|
| Player's Name: _____ | Grade (Fall of 2017): _____ POS: _____ |
| Home Address: _____ | Ht: _____ Age: _____ #: _____ |
| City: _____ State: _____ Zip: _____ | Phone: _____ |
| Parent's Name: _____ | Email: _____ |
| Parent's Signature: _____ | Player Recognitions/Stats: _____ |

We as parents or guardians of the above named children, hereby grant permission for her to participate in the AYSA High School Volleyball Showcase and acknowledge the fact that she is physically able to participate in showcase activities. We hereby release AYSA staff & Board, the camp, its volunteers and its employees, and the host facilities from all claims or illnesses which may be sustained by our child and authorize the director or designee to select hospital facilities and/or physician of choice and authorize treatment of the above named campers on an emergency basis in the event such treatment becomes necessary while attending the AYSA Volleyball Showcase. AYSA is not responsible for loss or theft of money or personal articles.

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Showcase Registration / Waiver - Continued

| | |
|---|---|
| Player's Name: _____ Home Address: _____ City: _____ State: _____ Zip: _____ Parent's Name: _____ Parent's Signature: _____ | Grade (Fall of 2017): _____ POS: _____ Ht: _____ Age: _____ #: _____ Phone: _____ Email: _____ Player Recognitions/Stats: _____ |
| Player's Name: _____ Home Address: _____ City: _____ State: _____ Zip: _____ Parent's Name: _____ Parent's Signature: _____ | Grade (Fall of 2017): _____ POS: _____ Ht: _____ Age: _____ #: _____ Phone: _____ Email: _____ Player Recognitions/Stats: _____ |
| Player's Name: _____ Home Address: _____ City: _____ State: _____ Zip: _____ Parent's Name: _____ Parent's Signature: _____ | Grade (Fall of 2017): _____ POS: _____ Ht: _____ Age: _____ #: _____ Phone: _____ Email: _____ Player Recognitions/Stats: _____ |
| Player's Name: _____ Home Address: _____ City: _____ State: _____ Zip: _____ Parent's Name: _____ Parent's Signature: _____ | Grade (Fall of 2017): _____ POS: _____ Ht: _____ Age: _____ #: _____ Phone: _____ Email: _____ Player Recognitions/Stats: _____ |
| Player's Name: _____ Home Address: _____ City: _____ State: _____ Zip: _____ Parent's Name: _____ Parent's Signature: _____ | Grade (Fall of 2017): _____ POS: _____ Ht: _____ Age: _____ #: _____ Phone: _____ Email: _____ Player Recognitions/Stats: _____ |
| Player's Name: _____ Home Address: _____ City: _____ State: _____ Zip: _____ Parent's Name: _____ Parent's Signature: _____ | Grade (Fall of 2017): _____ POS: _____ Ht: _____ Age: _____ #: _____ Phone: _____ Email: _____ Player Recognitions/Stats: _____ |
| Player's Name: _____ Home Address: _____ City: _____ State: _____ Zip: _____ Parent's Name: _____ Parent's Signature: _____ | Grade (Fall of 2017): _____ POS: _____ Ht: _____ Age: _____ #: _____ Phone: _____ Email: _____ Player Recognitions/Stats: _____ |
| Player's Name: _____ Home Address: _____ City: _____ State: _____ Zip: _____ Parent's Name: _____ Parent's Signature: _____ | Grade (Fall of 2017): _____ POS: _____ Ht: _____ Age: _____ #: _____ Phone: _____ Email: _____ Player Recognitions/Stats: _____ |

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