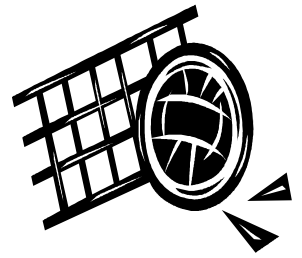


Stateline Summer Volleyball League

Sponsored by

DIAMOND ELITE

"A cut above the rest!"



I/We, the parent(s) of the above-named participant, hereby give my/our approval to participate in any and all volleyball activities. I/We know that participation in volleyball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Volleyball League, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of accidents, negligence or for any other cause.

Name: _____ Date of Birth _____

Address: _____ City/State/Zip: _____ Phone: _____

Guardian Signature: _____ Date: _____ Email: _____

School: _____ (fall 2011) Grade: _____ Shirt Size: _____

Are you able to help out? Coach(Y/N)_____ Team parent(Y/N)_____

(returning players only) Would you like to remain on the team you were on last year? _____

OR

Name of one person who you would like to play on the same team with _____

Mail Form and \$90 check payable to Diamond Elite (or pay online) to 1350 N. Arbogast, Griffith IN 46319

**Diamond Elite will provide Training for coaches who wish to take a team, but are not confident in their volleyball knowledge.*

***Team size of 9-11 players, depends upon sufficient number of volunteer coaches*

****We will have multiple coaches per team so a coach does not have to make every event*

*****DEVA will provide 3 clinic dates included in the cost of the league. Teams are encouraged to meet for additional practice time.*