



2026 Sunday Volleyball Experience Registration

Dates: Sundays October 18 and 25, November 1, 8, 15 and 22

Times: please select one

- ☐ Grade 6 – 7 (9am – 11am) Ran by Jayde Hansen-Young & Joel Small (\$180)
- ☐ Grade 8 – 9 (11am – 1pm) Ran by Jayde Hansen-Young & Joel Small (\$180)
- ☐ Grade 10 – 12 (1pm – 3pm) High Performance Prospects. Individuals may submit a request to join this session and will be contacted with an invitation- Ran by Jayde Hansen-Young (\$120)
- ☐ Indigenous Program (3pm – 5pm) Grades 7-9 – Ran by Cougars staff and student-athletes. No cost but pre-registration is required

This Indigenous Girls Volleyball Training Program is proudly supported by Volleyball Manitoba through grant funding. The program is led by Indigenous post-secondary athletes and is designed to create opportunities for Indigenous girls to learn, develop, and grow through volleyball in a positive and supportive environment.

Where: Assiniboine College Gymnasium

Please download and complete the full registration form, then scan and email to wvolleyball@assiniboine.net

Payment can be made by e-transfer to the above email

If the participant has attended a camp or clinic in 2025 or 2026, a waiver form is not required, only the registration fee and etransfer are required

Athlete Information:

Athlete Name: First _____ Last _____

Current Grade: _____

School: _____

Birthdate: Month _____ Day _____ Year _____

Parent/Guardian Info:

Parent/Guardian Name: First _____ Last _____

Phone Number: _____

Street Address/PO Box: _____

City: _____

Postal Code: _____

Email Address: _____

Emergency Contact Information:

Same as Parent/Guardian Contact Info? Yes _____ *No _____

*Please complete the following:

Emergency Contact's Name: First _____ Last _____

Relationship to Athlete: _____

Phone Number: _____

Alternate Phone Number: _____

Important Information:

Does the athlete have any allergies, illness, or medical condition that the athletic staff should be made aware of? If yes, please explain:

Is the athlete prescribed an inhaler? If yes, please explain any instructions:

To be read and signed by the Student Athlete and the Parent /Legal Guardian if the Student Athlete is under 18 years old.

ACKNOWLEDGMENT OF RISKS AND WAIVER OF CLAIMS

I understand, recognize, and acknowledge that participating in any sport or physical activity can be dangerous and can involve many risks of serious injury. I acknowledge that it is my responsibility to understand and obey instructions and rules for any sport or other physical activity or use of equipment, and to seek help from the coaching and other staff if I have questions. I understand that, notwithstanding precautions taken by Assiniboine College, however, there are risks of serious injury and/or death.

I am voluntarily participating in sports and using equipment while at AC with knowledge of the dangers and risks involved. I hereby assume and accept any and all risks associated with my participation in sports at AC (whether at AC's athletic facilities or elsewhere).

In consideration of being presented an opportunity to participate in sports and other physical activities at AC and to use associated equipment, I do hereby release, hold harmless, and forever discharge and agree not to sue Trustees of AC and its trustees, officers, agents, volunteers and employees from and for any and all claims, responsibilities, liabilities, demands, damages and causes of action of any nature whatsoever for, on account of, or by reason of my participation in sports or other physical activities at AC (whether at AC athletic facilities or elsewhere), whether or not caused by the ordinary negligence of AC.

I have read and understand this document, and I voluntarily agree to be bound by it.

Signature of Student Athlete

Date (DD/MM/YYYY)

Signature of Parent/Guardian

Date (DD/MM/YYYY)

Name of Parent/Legal Guardian (PRINT)