



## **Volleyball House League Registration**

### **Female Grades 6-8**

**Dates:** March 25<sup>th</sup> to April 22<sup>nd</sup> on Tuesdays

**Where:** Assiniboine College Gymnasium

**Times:** please select below sessions

- Tuesdays, March 25<sup>th</sup> to April 22<sup>nd</sup> @ 6pm
- Tuesdays, March 25<sup>th</sup> to April 22<sup>nd</sup> @ 7:15pm

Sessions ran by Assiniboine Cougars coaching staff and current players. Maximum 32 females per session. Sessions will include 15 minute ball control warm up and 45 minutes of game play with each team assigned a coach. Every rally starts with a serve, if it is not successful a ball will be tossed into play, all athletes will receive equal playing time.

**Cost: 1 session: \$85    2 sessions: \$150**

**Please download and complete the full registration form, then scan and email to [wvolleyball@assiniboine.net](mailto:wvolleyball@assiniboine.net)**

**Payment can be made by e-transfer to the above email**  
**If cheques are required they can be sent to Assiniboine College, Attn Cougars Athletic Department**  
**Please make cheques out to Cougars Volleyball**  
**Memo: Volleyball House League**  
**1430 Victoria Ave E, Brandon, MB R7A 2A9**

**Athlete Information:**

Athlete Name: First \_\_\_\_\_ Last \_\_\_\_\_

Entering Grade: \_\_\_\_\_

School: \_\_\_\_\_

Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Street Address/PO Box: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**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:

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

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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 ACC, however, there are risks of serious injury and/or death.

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

In consideration of being presented an opportunity to participate in sports and other physical activities at ACC and to use associated equipment, I do hereby release, hold harmless, and forever discharge and agree not to sue Trustees of ACC 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 ACC (whether at ACC athletic facilities or elsewhere), whether or not caused by the ordinary negligence of ACC.

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

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Signature of Student Athlete

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Date (DD/MM/YYYY)

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Signature of Parent/Guardian

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Date (DD/MM/YYYY)

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Name of Parent/Legal Guardian (PRINT)