2026 Wimberley Athletic Club Girls Volleyball

* A recreational orientated-fun volleyball clinic/instruction/games.

(Played on Sunday afternoons in the WJHS/Danforth gym)

* Teams are coached by WHS Lady Texan Coach Remmers & WHS volleyball players.

* Season begins with ***SKILLS CLINIC on Sun. Sept.13 th*** **WJHS/Danforth Gym**

SEASON ENDS ON SUNDAY OCT. 25 / HOLIDAY ON SUNDAY OCT. 12

3th grade & 4th grade in Large gym / 5th grade in Aux. gym @ *2:30-4 pm*

* ***$95.00 (payable to: WAC) DEADLINE: Friday, Sept.11 th ($25.00 late fee)***

* **REGISTER (with payment): ACE HARDWARE (in the WAC box) OR Mail: WAC 2214 Flite Acres 78676**

* **AGES: GIRLS: Third, Fourth & Fifth graders (3 & 4th grade AND 5th grade will be in two separate clinics/ games)**

WANT MORE INFO & UPDATES: www.wacball.net

CUT HERE :>>>>>>>>>>>> ***READ & SAVE TOP OF FORM*** ^-^-^-^-^-^-^-^^->>>>>>>

2026 WAC Lil' Diggers

PLAYER_____Grade_____

Parent_____phone_____email_____

Players T-shirt: ***(circle size)*** ***ADULT*** S M L or ***YOUTH*** S M L

WAIVER OF LIABILITY: I attest that my child, _____'s physical condition & fitness are adequate for a safe competition, that no doctor or other qualified individual has advised me against entering in this "league". I understand that my child is participating on a voluntary basis. I hereby release any claim for damages that my child or I have against Wimberley Athletic Club (WAC) or Wimberley Independent School District (WISD), any of the officials; agents and/or representatives resulting from the negligence of said listed parties. I hereby fully authorize the hospital, EMS and/or the physician selected by WAC or WISD designee to medically treat my child in my absence. I've read this form and understand that by signing this form, I'm giving up legal rights and remedies and agree that the terms of this waiver are binding on the child and me.

Signature_____Date_____