2020 "NETWORK" Volleyball

* A PROGRAM JUST FOR 6th GRADE GIRLS *

WILL INCLUDE FUNDAMENTALS WITH PROGRESSIVE SKILL SETS, TEAM BUILDING AND GAME PLAY

(Played on Wednesday's 6:30-8:30 pm at the WJHS gym; **Limited space-register early;** get ready to work hard & have fun)

*** Will be coached by Ex Texas State Bobcat & Lady Texan Mattie Adams ***

*** *FIRST CLINIC* *on Wed. Sept.23rd* WJHS/Danforth Gym @ 6:30-8:30 pm ***

(Five week program that will end on Oct. 21st , 2020)

*** $100.00** (payable to: WAC) **DEADLINE: Tuesday, Sept. 22nd ($25.00 late fee) ***

*** REGISTER: *ACE HARDWARE* *(in the WAC box)* OR** WAC 2214 Flite Acres Rd. Wimberley, Tx 78676 *****

*** AGES: – SIXTH GRADE GIRLS ONLY** (12 years old) *****

*** WE WILL BE FOLLOWING COVID GUIDELINES, MASKS REQUIRED, ONLY 2 ADULTS PER PARTICIPANT IN THE GYM ***

Info: Gary "Catfish" Pigg (512 771 1600, catfish@wacball.net)

CUT HERE :>>>>>>>>>>>>>>>> read & save top ^-^-^-^-^-^-^-^-^-^-^-^-^>>>>>>>

2020 WAC "NETWORK"

PLAYER_____Phone_____

AGE ON SEPT. 1, 2021 _____

Parent/Guardian_____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_____