

HCA Lantana Volleyball Parent's Letter

Dear Parents,

I would like to begin by telling you that I am very excited about the 2021 volleyball season. We have been working diligently to get ready for this upcoming season. Pre-season practices will begin for the Varsity and JH **August 9th – August 17th** (mandatory at the school 3:30pm – 5:30pm). All practices before and during school will be from 3:30pm – 5:00pm, Monday – Friday. All practices will be held at Lantana Community Church, 2200 Jeter Rd. Lantana TX 76226. We are looking forward to having a highly competitive season this year.

We recognize that parental support of our program is paramount, which is why we would like to encourage each and every one of you to get involved with the HCA Booster Club. We would like to ask all parents to support the program at all levels and specifically ask for your support in helping with different activities.

We want to encourage communication at all times. We have an open-door policy; your concerns are our concerns and we are all in this together!

PARENTS:

The participation fee will be \$300 for the season for all HCA fulltime students and \$350 for non-registered students/home school participants.

Return portion below and payment by **August 18th or earlier**, to Coach Tarpley

Students must also submit a physical form before August 18th for Varsity and JH.

If you have any questions please do not hesitate to contact me at dtarpley@hcasaints.org. Thank you for your participation in HCA Volleyball and we are looking forward to a great season!!

Coach Tarpley
Athletic Director
Harvest Christian Academy-Lantana

Varsity, and JH Volleyball Registration

2021-2022

Athlete's name _____

Grade in 2021-2022 _____ Athlete's Date of Birth: _____

Parent signature _____ Date _____

Home Phone Number: _____ Cell number _____

Address: _____

Make checks payable to Harvest Christian Academy Lantana

The participation fee will be \$300 for the season for all HCA fulltime students and \$350 for non-registered students/home school participants.

Check _____ Cash _____ Visa _____ Master Card _____ Disc _____ AmEx _____ FACTS: _____

Card# _____ Expiration date: _____-_____

Name on Card: _____

Billing Address (if different than above): _____