RGV JUNIOR OLYMPIC VOLLEYBALL

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| H.S. TEAM NAME:  |  |
| ELIGIBILITY:  | Incoming Fresh. Only **/** Freshman **/** JV or Varsity (Circle One) |
| Hwy Coach’s Name: |  |
| Phone: |  |

 HWY 83 – Power Volleyball League

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| Are you requesting a RGV Coach? Yes No ( Circle One) |

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| **TEAM ROSTER** |

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| --- | --- | --- | --- |
| Grade |  Player’s Name |  Cell Phone Number |  E-mail |
|  | \*Team Captain |  |  |
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 **Make check or money order to: RGV Juniors Volleyball**

 **Mail to: 905 E. Crown Circle E-MAIL: rgvjrs.org**

 **Edinburg, TX 78539**

 **E-mail:**  rgvjrs.org

 **RGV JUNIOR OLYMPIC VOLLEYBALL**

 **HWY 83 – Power Volleyball League**

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| **Name:** | **Phone:** |
| **Address** | **City:** |
| **Zip Code:** | **Birth Date:** |
| **Cell Phone:** |
| **School:** |
| **E-mail:** |
| **Insurance Company:** |

 **Release / Permission Form**

*I, the parent, hereby certify that the above participant has my permission to attend and participate in the RGV Juniors Volleyball Club/ HWY 83 Volleyball League. I certify that the participant has full medical insurance with my personal company listed above. Also, that the RGV Jrs. Organization directors, staff and host site will not be liable for any injuries occurring during the power league, club tryouts and camps.*

*If during any of my daughter’s activities in the power league, tryouts or camps she should become ill or sustain injury, I hereby authorize you to obtain certified emergency professional assistance/dental care.*

*Parent or Legal Guardian: Date:*