

FRIDAY NIGHT DEVELOPMENT PROGRAM

2010 Registration Form

This program is intended for anyone 12 years of age & younger and will cover all of the basic skills. Eventually, players will be split into teams where they will compete amongst themselves. This is a great opportunity to learn the game of volleyball or to keep your skills sharp without a huge commitment.

The Development Program goes from 5:30 to 7:00pm and runs every Friday night starting January 8th through May 21st (excluding March 19th and 26th). Each participant will receive a uniform top and spandex.

The monthly cost is \$75 with the exception of March, where the cost is only \$40, and May, where the cost is only \$60. There are two payment options. The first option is to pay \$300 upfront. The second option is to pay monthly. If you are paying monthly, you will need to provide a credit card that can be charged each month. You will be able to withdraw at anytime, just contact Cindy Utnage at ccvbc@aim.com or (317) 839-5222.

Complete the following and mail it along with payment to: Capitol Sports Center, 1915 Gladden Road, Plainfield, Indiana 46168

Name: _____ Email: _____
Address: _____ City: _____ Zip: _____
Phone: _____ School: _____
Grade: _____ Birth Date: _____ Shirt Size: _____

Note: This form must be read and signed before any participant is allowed to take part in any session. By signing this form, the participant's parent/guardian affirms having read it.

Sponsoring Organization: Capitol Sports Center.

In consideration of my involvement under the auspices of the sponsoring organization, I acknowledge and agree that:

1. Participants risk bodily injury, including paralysis, dismemberment and death, as well as loss or damage to property.
2. I knowingly and freely assume all such risks: and
3. I, for myself and on behalf of all my heirs, assigns, and next of kin, hereby release hold and promise not to sue the Capitol Sports Center, its officers, official agents and/or employees, with respect of any and all such injury, paralysis, dismemberment, death and/or loss of or damage to property except that which is a result of gross negligence and/or wanton misconduct.

I have read the above and release, and understand that I have given up substantial rights by signing it.

Parent / Guardian Signature: _____

Parent / Guardian Printed Name: _____