

# *Mount Olive Volleyball Registration*

Play the world's fastest growing sport!

**FOR 4-12 GRADE BOYS & GIRLS**

Junior League – Grades 4 & 5  
Intermediate League – Grades 6-8  
Senior League – Grades 9-12



**Join the 24 million Americans who play volleyball!** Complete the form on the reverse side and mail in or come to the in-person registration on the following dates and times.

**Wednesday, January 4\* - Mt. Olive Middle School Gym Lobby - 7 PM to 9 PM**

**Saturday, January 14\* – Mt. Olive Middle School Gym Lobby - 10 AM to 1 PM**

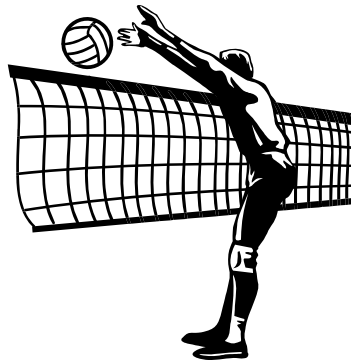
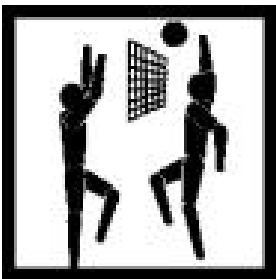
**Wednesday, January 18\* - Mt. Olive Middle School Gym Lobby - 7 PM to 9 PM**

**Saturday, January 28\* - Mt. Olive Middle School Gym Lobby - 10 AM to 1 PM**

**\*In the event of bad weather and school is closed, there will be no registration**

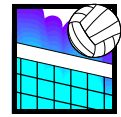
Skills Clinics, Matches, Practices and Open Gyms at the Middle School, High School, Sandshore or Tinc Road Schools. The season runs from March through June. Registration fee is \$75.00, with reduced rates for additional children in a family. T-shirt and skills clinics are included. Forms are also available at the Recreation Department in the Municipal Building. Visit our web site at <http://mountolivevolleyball.tripod.com> or [e-mail.movba@gmail.com](mailto:e-mail.movba@gmail.com) for additional information

**Registration deadline is 1/31/12!**





**MOUNT OLIVE VOLLEYBALL ASSOCIATION  
2012 REGISTRATION  
(Open to boys and girls in 4-12<sup>th</sup> Grade)**



(Please Print Clearly)

CHILD'S NAME: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

AGE \_\_\_\_\_ GRADE \_\_\_\_\_ HEIGHT \_\_\_\_\_ PREVIOUS EXPERIENCE \_\_\_\_\_ YEARS

**I have reviewed the registration details on the website <http://mountolivevolleyball.tripod.com/> or at the registration desk at the MOMS (form not valid without signature) \_\_\_\_\_**

Does child have other activities scheduled? **If yes, note days / times child CANNOT practice** \_\_\_\_\_

TEAMMATE REQUEST \_\_\_\_\_ (Only 1 teammate request & they must request you also- We will try to accommodate everyone but requests are not guaranteed – siblings placed on same team do not count as teammate request)

**SHIRT SIZE (Circle One):** (ADULT- SMALL, MEDIUM, LARGE, XLG) OR (CHILD-SMALL, MEDIUM, LARGE, XL)

**INFORMED CONSENT**

I hereby grant permission for \_\_\_\_\_ (child's name) to participate in the volleyball program during the athletic season beginning March 2012. Further I authorize the program to provide emergency medical treatment of an injury or illness of my child if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

PARENT/GUARDIAN PRINT: \_\_\_\_\_

SIGN \_\_\_\_\_ DATE \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PRE-EXISTING MEDICAL CONDITIONS: (IE ASTHMA, ALLERGIES) \_\_\_\_\_

MEDICATIONS TAKEN: \_\_\_\_\_ EMERGENCY CONTACT \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

MY CHILD AND I ARE AWARE THAT PARTICIPATING IN ANY SPORTS ACTIVITY IS A POTENTIALLY HAZARDOUS ACTIVITY. I ASSUME ALL RISKS ASSOCIATED WITH PARTICIPATION IN THIS SPORT, INCLUDING BUT NOT LIMITED TO FALLS, CONTACT WITH OTHER PARTICIPANTS, THE EFFECTS OF THE WEATHER, TRAFFIC, AND OTHER RISKS ASSOCIATED WITH THE SPORT. ALL SUCH RISKS ARE KNOWN AND UNDERSTOOD BY ME. MOUNT OLIVE TOWNSHIP PROVIDES EXCESS ACCIDENT INSURANCE OVER WHAT YOUR OWN INSURANCE PROVIDES. ALL INJURIES MUST BE REPORTED IMMEDIATELY. CLAIMS EXCEEDING 20 DAY NOTIFICATION WILL NOT BE ACCEPTED BY THE INSURANCE COMPANY. I UNDERSTAND THIS INFORMED CONSENT FORM AND AGREE TO ITS CONDITION ON BEHALF OF MY CHILD.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**VOLUNTEERS NEEDED!** THE MOVBA IS AN ALL VOLUNTEER PROGRAM WHOSE SUCCESS IS DEPENDENT ON VOLUNTEERS. PLEASE INDICATE THE AREAS WHERE YOU ARE WILLING TO HELP. **NO PRIOR EXPERIENCE REQUIRED**

COACH \_\_\_ ASSISTANT COACH \_\_\_ STATS \_\_\_ LINESKEEPING \_\_\_ OTHER \_\_\_\_\_  
NAME \_\_\_\_\_ PHONE \_\_\_\_\_

\*REGISTRATION FEE: 1 CHILD- \$75.00 2 CHILDREN- \$140.00 3 CHILDREN - \$205.00

MAKE CHECK PAYABLE TO: MOUNT OLIVE VOLLEYBALL ASSOCIATION

\*MAIL TO: Barbara Siegel, 12 Player Place, Flanders, NJ 07836

Or register on line at <http://mountolivevolleyball.tripod.com/> and click on the link for registration \_\_\_\_\_

\* E-mail - email.movba@gmail.com\* Website-<http://mountolivevolleyball.tripod.com/>

**\*\*DEADLINE IS 1/31/2012!!**