

# Northland Pines Volleyball Association – Fall 2021

## 5<sup>th</sup> and 6<sup>th</sup> Grade



Please return registration form at or before the first practice  
Monday, August 23, 2021.

Fee and form are required before participation. Fee\* \$20 \_\_\_\_\_  
Cash or check payable to Northland Pines Volleyball Association (NPVBA)

Athlete name: \_\_\_\_\_ Current grade: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Contact: \_\_\_\_\_

Parent contact phone #: \_\_\_\_\_

Parent contact email: \_\_\_\_\_

(email contact is required for practice and game day communications)

Fall volleyball practices will be August 23 to mid-October, Monday, Tuesday, and Thursdays. Practices and games will be in the Eagle River Elementary Large Gym. Practices prior to school 5:30-7:30, after school starts 3:45-6.

Volleyball player jersey t-shirt size:

Youth Small \_\_\_\_\_ Youth Medium \_\_\_\_\_ Youth Large \_\_\_\_\_

Adult Small \_\_\_\_\_ Adult Medium \_\_\_\_\_ Adult Large \_\_\_\_\_ Adult X Large \_\_\_\_\_

### Waiver of Liability

The undersigned minor in consideration of the right to participate in all games and activities conducted by Northland Pines Volleyball Association, do hereby release and discharge its organizers and volunteers from any and all claims due to my participation in any such activities.

### Medical Release

As with any event, your athlete may incur a risk to injury. I give my consent for medical treatment and permission of a coach, advisor, trainer, or physician to secure treatment.

Signature of player: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I have read the foregoing waiver and medical release and on behalf of my child, I agree to be bound by all terms thereof.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you have any questions, please call/text or email the contacts below.

Northland Pines Volleyball Association (NPVBA)

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\*Please ask if you have questions