



LEARN TO PLAY BEACH VOLLEYBALL OR TAKE IT TO THE NEXT LEVEL

BEGINNER, INTERMEDIATE AND ADVANCED LEVELS OF EXPERIENCE WELCOME

We also have an Elite Team program, for information about tryouts for this level please email Su at: pismobeachvbc@gmail.com

SPRING SESSION:

May 6th - 29th

3rd-8th graders: Mondays & Wednesdays

5:00 - 7:00 PM - \$125

SUMMER SESSION:

June 10th - July 17th

6th-12th graders: Mondays & Wednesdays

5:00 - 7:00 PM - \$205



www.pismobeachvolleyballclub.com

REGISTER HERE: www.pismobeach.org / 805-773-7063

CONTACT US AT: pismobeachvbc@gmail.com

REGISTRATION FORM

This Form Must Be Completely Filled Out or May Be Returned Without Being Processed

RESPONSIBLE PARTY:

Last Name, First _____ Address _____

City/Zip _____ Home Phone _____ Alternate Phone _____

Email Address _____

Emergency Contact Name _____ Phone _____

PARTICIPANT INFORMATION:

Last Name, First _____ Date of Birth ____/____/____

____ Male ____ Female

Program Name: BEACH VOLLEYBALL Date(s) _____ Fee \$ _____

Shirt Size (Adult): XS _____ S _____ M _____ L _____ X _____ XL _____

TOTAL AMOUNT DUE \$ _____ PAYMENT METHOD [] Check # _____ [] Cash _____ (*staff initials*)

Checks Must Be Payable to: City of Pismo Beach, 760 Mattie Road, Pismo Beach, CA 93449 Attn: Recreation

LIABILITY, MEDICAL & PHOTO RELEASE - Please read carefully before signing.

The undersigned agrees to hold the City of Pismo Beach and any officers, agents, employees, and volunteers thereof harmless from any claim for injury or accident to the above named arising out of or in any way connected with the named activity. I recognize that this recreation program may have some inherent risks and I accept the responsibility to identify those risks and accept them. In case of an accident arising out of the named activity, medical assistance may be administered to the person named herein. Registration form will act as medical release. I understand that no medical insurance is provided, and that staff are not medical professionals and are not trained to diagnose, monitor or treat medical conditions, whether pre-existing or caused by participation in named activity. I also understand that The City of Pismo Beach reserves the right to use any photos or videos of participants taken by our staff in our programs and facilities as promotional material for future brochure publications, flyers, web site postings, and any other media opportunity, and I understand I will not receive compensation for the use of any photos or videos. If participant is under 18, parent or guardian must sign release.

SIGNATURE: _____ DATE: _____