

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



BEGINNER, INTERMEDIATE AND ADVANCED LEVELS OF EXPERIENCE FOR BOTH BOYS & GIRLS

2022 Winter Session Girls Intermediate/Advanced 7th-12th grades - \$220
December 4th-January 22nd
Wednesdays 4:00pm-6:00pm
Sundays 3:30pm-5:30pm

2022 Winter Drop-in Clinics for Girls and Boys 7th-12th grades - \$20/a session
Girls: December 4th-February 26th
Sundays 12pm-2pm
Boys: November 27th-February 26th
Sundays 10am-12pm



www.pismobeachvolleyballclub.com

E-mail to register for the girls session at pismobeachvbc@gmail.com

E-mail to register for boys sessions at centralcoastcoaches@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 \$ _____

**When making Venmo payments, please state child's full name to match our records. Thanks!*

TOTAL AMOUNT DUE \$ _____ PAYMENT METHOD [] Venmo [] Cash _____ (staff initials)

**Payments for the Girls Advanced need to be prepaid via Venmo to @pismobeachvbc*
**Payments for Girls Drop-in Clinics can be made by cash the day of or via Venmo to @pismobeachvbc*
**Payments for Boys Drop-in Clinics can be made by cash the day of or via Venmo to @CorissaT*



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

The undersigned agrees to hold the City of Pismo Beach, Pismo Beach Volleyball Club Inc. and any officers, employees, and volunteers thereof harmless from any claims 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 same 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 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 and Pismo Beach Volleyball Club Inc. 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. I understand I will not receive compensation for the use of any photos or videos. If participants are under the age of 18, parent or guardian must sign release.

SIGNATURE: _____ DATE: _____