



1501 Branson Hills Parkway  
 Branson, MO 65616  
 417-335-2368 Fax 417-335-2523  
 www.bransonparksandrecreation.com

# Branson Parks & Recreation Youth Volleyball TEAM 2018

## SCHEDULE

Registration: July 9-September 11  
 Practices: Begin September 17  
 Season: Saturdays, Sept 29-Nov 17  
 Coaches Meeting: Tuesday, Sep 11 at 6pm

There is a \$1 admission charge to the youth basketball, volleyball, baseball & softball games. 12 & under are free.

All players, parents and coaches are required to sign a **CODE OF ETHICS**, relating to conduct in regards to participation in youth sports, and an liability release waiver form before teams are allowed to participate.



Text @bpryvbball to 81010 to receive text alerts for schedule updates and weather information.

## REGISTRATION

### Registration Fees:

Registration fees must be received at the time of registration.

Team Fee: \$250/ \$230(RD)  
 Co-Ed Volleyball Grades 1-6

You can qualify for the resident (RD) discount if over half (55%) of your players live **inside** the city limits of Branson. This will be verified by supplying each players name and address on the team roster.

**Refund Policy:** A full refund will be given prior to the first scheduled week of practices. 50% refund within the first 2 weeks of scheduled practices . No refunds thereafter.

*Teams are required to provide their own equipment.*

### Youth Volleyball Team 2018



How would you rate team?	Beginner	Intermediate	Advanced
Do you hold try-outs?	Yes	No	
Do you play in tournaments?	Yes	No	
How long have you been practicing?	1 Week	2 Weeks	3 Weeks +
How many times per week do you practice?	Once	Twice	Three+
Do you play in another league outside of Branson Parks and Recreation?	Yes	No	If so where? _____

\_\_\_\_\_ 1st/2nd Grade

\_\_\_\_\_ 3rd/4th Grade

\_\_\_\_\_ 5th/6th Grade

Team Name: \_\_\_\_\_

Coach Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Coach's Email: (mandatory) \_\_\_\_\_

Assistant Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

For Office Use Only: Total Paid: \_\_\_\_\_ cash check charge Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

## Team Roster-Maximum 10 Players

	Player's Name	Parent's Name	Address	City
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				