



Maple Point Volleyball League
October 2nd – November 1st @ MPMS

Who Should Attend:

Anyone interested in Volleyball that will be in grades 5-8. Those planning on trying out for the Neshaminy High School Boys Volleyball team are encouraged to attend.

Times:

Monday and Wednesday 6pm – 8pm

Runs from October 2nd to November 1st

Cost:

\$10 per participant

The cost includes a league T-shirt.

Instructors/Coaches:

The coaching staff for the league will consist of the current NHS coaching staff, current NHS players, and alumni from the NHS program.

League Highlights:

- Learn and understand basic fundamentals
- Learn footwork and movement
- Learn offensive and defensive strategies
- Team building skills
- Learn to incorporate being a positive teammate and role model
- Participate in competitive game situations

What to Bring:

Athletic shoes, water bottle/Gatorade/PowerAde, a positive attitude and a great work ethic!

Questions:

Contact Head Coach Pat Klingerman @ klingermanp8867@delval.edu

Deadline for registrations – postmarked Friday September 29th, 2017.

Send Check and Registration to:

Boys Volleyball

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Maple

Do **NOT** Send Cash!

Checks Only Please!

Make checks payable to:

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Point

Volleyball League

Registration Form

Dates: October 2nd – November 1st

Monday and Wednesdays

Place: Maple Point Middle School Gym

Times: 6pm – 8pm

Name: _____ Grade: _____

Age: _____ T Shirt Size: YS YM YL S M L XL XLL

Address: _____
(Street) (City) (State) (Zip)

Parent/Guardian's Name: _____

Home Phone Number: _____ Cell Phone Number: _____

Name of person to contact in case of an emergency other than parent/guardian:

Name: _____ Relationship to athlete: _____

Home Phone Number: _____ Cell Phone Number: _____

Any known medical problems/concerns: List on back.

Family Doctor: _____ Phone Number: _____

I give _____ permission to attend the Maple Point Volleyball League on the dates indicated above. I assume any responsibility for any damage done by the above athlete to the property and/or equipment. Furthermore, I understand that my signature gives consent for any emergency care necessary. I will not hold the volleyball coaching staff, or school, responsible for any injury, illness or accidents. I understand that my son is participating in the MAPLE POINT VOLLEYBALL LEAGUE voluntarily with full knowledge of the responsibilities and dangers inherent in this activity. I agree to indemnify and HOLD HARMLESS the Neshaminy Union Board of Education, their agents, their employees as well as all workers/volunteers from all liability, claims, demands, damages or costs for, or arising out of this activity; whether it be caused by the negligence of the indemnitor, the Neshaminy Union Board of Education or either party's agents, employees, or otherwise.

Parent/Guardian Signature: _____ Date: _____

Participant's Signature: _____ Date: _____