

Fall 2008 Volleyball

Registration Closes

1st thru 5th Grades	Sun, Aug 17th
Players Clinic - @ PSA \$20.00 per player	Sat, Aug 23rd
1st thru 4th grades - 1:00 to 3:00pm	
New Coaches/Experienced Coaches Clinic	Sun, Aug 24th
On Court Training - 1:00pm	
Mandatory Coaches Meeting	
1st thru 5th Grades - 5:00pm - PSA	Sun, Aug 24th
Practices Begins	
1st thru 5th Grades	Mon, Aug 25th
Season Begins	
1st thru 5th Grades	Sat, Sept 6th
Pre-Season Tournament	
1st thru 5th Grades	Sat, Sept 6th
Mandatory Coaches Meeting	
1st thru 5th Grades - 6:00pm - PSA	Sun, Oct 26th
Post-Season Tournament	
1st thru 5th Grades	Sat, Nov 1st

Registration Fees:

Grades 1st through 5th - \$120.00 per player

8 Games, 2 Tournaments, 1 Full Court Practice Per Week (1 hour)

All games on Saturday. Practices are Monday, Tuesday, Wednesday,

Thursday, or Friday (Friday practices must finish by 5:00pm)

** if there are not enough Frisco Teams, players will have the option to play at PSA (Plano Sports Authority)





Individual Player Registration Form

8200 Stonebrook Pkwy Suite 200

Phone 469.362.6405 Fax 214.872.2729

Website: www.fsafrisco.org Email: info@fsafrisco.org

Season/Year	Sport	League <input type="checkbox"/> Boys <input type="checkbox"/> Girls	Grade Level
PLAYER INFORMATION <i>Please Print Clearly and Complete All Information</i>			
Last Name		First Name	
Address			City
			Zip Code
Home Phone	Date of Birth	Age	Grade
School Name			
ADDITIONAL CONTACT INFORMATION <i>Please Print Clearly and Complete all Information</i>			
Mother / Contact 1 Information		Would you like to volunteer? <input type="checkbox"/> Head Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Team Mom	
Last Name	First Name	Work Number	Cell Number
Father / Contact 2 Information		Would you like to volunteer? <input type="checkbox"/> Head Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Team Dad	
Last Name	First Name	Work Number	Cell Number
EMAIL ADDRESS - Please Print Clearly and Complete all Information Including .net .com .org .edu etc			
TEAM PLACEMENT PREFERENCE			
Player's Experience Level		<input type="checkbox"/> Beginner	
<input type="checkbox"/> Player is on a returning or new team roster:		Team Name/Coach's Name	
<input type="checkbox"/> Requesting to Play with Friend (cannot guarantee placement)		Friend's Name	
<input type="checkbox"/> Requesting a Team (if space is available)		Team Name	
<input type="checkbox"/> Requesting a Coach (if coaching and space is available)		Coach's Name	
PAYMENT INFORMATION			
<input type="checkbox"/> Cash		<input type="checkbox"/> Check #	
		Driver's License #/State	
Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> Amex			
Credit Card Number			Exp Date
			/
Name of Card Holder			CVV#

I, the player's parent/guardian, understand the nature of sports and this player's experience. This player is in good health and in proper physical condition to participate in sports activities. I release, discharge, covenant not to sue, and agree to indemnify, save, and hold harmless PSA/dba FSA from all liability claims, demands, losses or damages on this player's account caused or alleged to be caused in whole or in part by the negligence of PSA/dba FSA or otherwise. I further agree that if, despite this release, I, the player, or anyone on the player's behalf makes a claim against PSA/dba FSA, I will indemnify, save, and hold harmless PSA from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as a result of any such claim. PSA/dba FSA carries no health or accident insurance.

(Parent or Guardian Signature) (Please Print Name) Date

- RETURNED CHECKS ARE SUBJECT TO A \$30.00 FEE
- REFUND POLICY: \$30.00 SERVICE CHARGE OF THE APPROPRIATE SPORT'S FEE PRIOR TO REGISTRATION CLOSING. AFTER REGISTRATION CLOSING, NO REFUNDS FOR ANY REASON. REQUEST FOR REFUNDS MUST BE MADE IN PERSON AT PSA M-F 9:00AM-5:00PM