Burley Girls Volleyball
Middle School Sports Program Sponsored by Albemarle County Parks and Recreation

Physicals Required to play, according to The General Assembly Senate Bill 665
(MedExpress Urgent Care Center at Pantops & Seminole Square offer Sports Physicals for $30, Bring Physical form and filled out Medical History Form)

Important Registration Information (Physicals Required)

*You may turn in registration beginning January 6, 2020

Return forms and $65 (cash or check made to Albemarle County) to Mr. Boyd at Burley.
(Limit 80 girls for Volleyball Program, First Come First Serve, Register Early, Fills up quickly!)
(50% Scholarships Available for qualified students)

Program Design: All girls in the program will show-up on Monday, January 27 and Tuesday, January 28 for practice. Coaches will divide girls into teams by ability level. The more advanced teams will practice on Tuesdays & Thursdays and the more beginner teams will practice on Mondays & Wednesdays. Teams will be divided by ability level, not grade in our best attempt to make the games with each school as even and fair as possible. For games, we will try to schedule on the same days of the week you practice, but we may have to make some exceptions if all schools have a different number of teams. Games will be on Monday, Tuesday, Wednesday, or Thursday nights.

Dates: January 27 – March 19, 2020
Practice Times will be 4:10-5:45pm (Game days will run longer)
Cost $65, includes Team T-shirt, 4 games and transportation to away games and then parent’s pick-up at away school on game days.
*Questions talk to Mr. Boyd at Burley or call Joe Clark at Parks and Rec. #296-5844

<table>
<thead>
<tr>
<th>Please Circle Adult T-Shirt Size:</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>X-Large</th>
<th>2XL</th>
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</thead>
<tbody>
<tr>
<td>Participant Name: ____________________________</td>
<td>Burley Grade (circle one)</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Parent’s Email: ____________________________</td>
<td>Home Phone #: ____________________________</td>
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</tr>
<tr>
<td>Home Address: ____________________________</td>
<td>(Street Address)</td>
<td>(City)</td>
<td>(Zip Code)</td>
<td></td>
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</tr>
<tr>
<td>Parent/Guardian Name: ____________________________</td>
<td>Work/Cell Phone #: ____________________________</td>
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<td>Parent/Guardian Name: ____________________________</td>
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Please list any medical conditions that we should know:

- I hereby give my child(ren) permission to be transported to all away volleyball games.
- The parent/guardian authorizes the Sports Program to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.
- The parent/guardian releases Albemarle County and its officers, agents and employees from liability that might be incurred during the course of the activity.

Parent/Guardian Signature: ____________________________ Date: ____________________________

Amount Paid ____________ Cash or Check # ____________