



2nd Annual Boys Volleyball Tournament

When: Thursday, May 16th 6pm – 8pm

**Practice days are Tuesday, May 14th and Wednesday, May 15th
from 3:45-4:45 in the Main Gym

Who: Any boy that would like to participate should see a volleyball player
to join a team

Where: Sheryl Fowler Gymnasium (main gym)

Cost: \$15 for players due by Thursday, May 9th

Cash or Check – checks made payable to HVBC

**Talk to a Volleyball Player or find Coach Self and Coach
Gaffney for more information!**

Registration forms are available in 1210

2019 Hillgrove High School Peach Fuzz Volleyball Tournament Registration

This form must be filled out completely and turned in by Wednesday, May 1, 2019 with a registration fee of \$15.00. This guarantees you your requested t-shirt size.

(Checks or cash accepted. Make checks out to HVBC)

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T-Shirt Size (circle one): XS S M L XL 2XL 3XL

Name: _____

Grade Level: _____

Address: _____

Phone Number: _____

Email: _____

The Peach Fuzz game is scheduled to be played in the main gym.

The undersigned hereby acknowledges and agrees to the following statements:

I, _____ (the participant) expect and intend to participate in the Peach Fuzz Tournament sponsored by Hillgrove High School Volleyball on Thursday, May 16, 2019, following the execution of this Statement of Understanding and Release:

In consideration of the volleyball players, sponsorship, and direction of the activity: Participant understands and acknowledges that Hillgrove High School or Hillgrove High School Volleyball assumes no liability for personal injuries or property damages to participants or third parties arising of activity. The participant hereby understands that he/she should arrange for appropriate personal health insurance coverage (hospital, medical insurance, student health insurance, etc.) during the period of activity. The participant agrees and understands that he/she will be personally responsible for any medical costs incurred during this activity. The participant understands that this is an activity sponsored by Hillgrove High School/Hillgrove High School Volleyball and that I must abide by all state, county, and school regulations stated in policy.

Participant Signature _____ Date _____

Parent Signature _____ Date _____

I give my son/daughter permission to participate in this activity. In case of emergency please contact me at:

Phone: _____ Alt. Phone: _____