

2017 CASA VOLLEYBALL APPLICATION

4th, 5th and 6th Grade Girls

Applicants Must Attend CADILLAC AREA PUBLIC SCHOOLS or Live in the CAPS SCHOOL DISTRICT.
Registration Fee is non-refundable.

The girls will meet in the **High School Performance Gym** on the dates listed below from 10:00-12:00 with the exception on **February 4th** we will be meeting from 9:00-11:00. Time will be spent developing volleyball skills and playing games. Girls will be divided into different groups every Saturday. Please check the CASA website for cancellations due to weather. We are also setting up a "Remind 101" account to notify parents. All you need to do is send a text to 81010 with the message @g2ced4 to sign up. It's confidential. Girls should come ready to play, in gym class attire on the first date.

2017 Volleyball Dates: **January 14, 21, 28, and February 4, 11**

Registration Fee of \$30 Must Be Sent With Application. Family Discount Plan is \$5.00 off each additional child. Please fill out one application per child. Fee waivers are no longer accepted. Late applications may not receive a t-shirt. For more information, please go to www.casasports.org.

Check# _____ Amount \$ _____

PLAYER'S NAME: _____
(Last) (First)

Date of Birth: ____/____/____ Age: _____ **Current Grade:** _____

Preferred Shirt Size: **Youth Size:** L **Adult Size:** S M L XL

Address: _____

Home Phone: _____ Work / Cell Phone: _____

Email: _____ (Include to receive CASA updates, Cancellations, etc.)

APPROVAL OF PARENTS OR GUARDIANS

I/We, the parent(s) or guardian(s) of the above applicant do hereby give my/our consent for this student to participate in the

CASA Volleyball Program under the above conditions. I/We will not hold CASA, its sponsors, supporters, officers, directors, coaches teams, or anyone connected with the activity, responsible for any claim including but not limited to injury, which the above applicant may incur while participating in this program. I/We promise that I/We will save such persons harmless from all claims which may be made against one or more of them arising from any claim, including but not limited to injury, which the above applicant may incur while participating in this CASA Program, and I/We realize that CASA relies on my/our above promise in accepting the above applicant in the CASA Program.

(Parent or Guardian's Signature)

(Parent or Guardian's Name - printed)

Applications are due by **January 7th**

Mail Applications & Donations to: CASA, P.O. Box 308, Cadillac, MI 49601
www.casasports.org