

Cape Coast Volleyball Club

2017 **BEACH** Season

Player Name: _____ T-Shirt Size _____
Adult

Parent/Guardian Name: _____

Date of Birth: _____ Age Division (circle one): 12 14 16 18

Age Divisions:

18:U – Born on or after Sept. 1, 1998 16:U – Born on or after Sept. 1, 2000

14:U – Born on or after Sept. 1, 2002 12:U – Born on or after Sept. 1, 2004

*** If partner in different age division, they must play up to the oldest players division ***

Beach Partner's Name: _____

Every Player must have a current **USAV** membership

Must submit current USAV Membership card - USAV # _____

Must submit current notarized USAV Medical Release

If current Club Member, please list Club & Team _____

E-mail(s): _____
(***email checked during the hours of 3-4 p.m. for potential weather updates***)

Best Contact Name & Number: _____

Emergency Contact Name & #: _____

Tuition: \$185

Tuition includes practices, tournaments, QOC (for qualified players) & t-shirt/tank

All current Cape Coast members: tuition MUST be current to participate in the Beach league

PAID (circle one): **Cash** **“Beach” Pay Pal Online** **Check #** _____

Payable to CCVC
(note: “Beach”/player name)

Please direct questions to:

Daren Bolton –Beach Director
321-863-9508
myccvcbeach@gmail.com

***Any refund request is
subject to a \$20.00
processing fee.***