

BOOMERS PRE-SEASON SESSION AGES 8 TO 12

Note: Do not have to be a previous Boomer to participate.

First come, first serve – we are only taking up to 40 kids.

REGISTRATION DEADLINE: AUGUST 10th

******UPDATED: UNIFORM TRY-ON/PARENT MEETING: AUGUST 17th from 6 to 8 PM**

DESCRIPTION: 6 week session with practice once a week and a scrimmage every other Saturday

COST : \$250 (includes 2 practice t-shirts, 2 spandex, 2 pairs of socks, kneepads, coaches' salaries, gym expenses, training equipment)

PRACTICE DAYS: WEDNESDAYS FROM 5:30 TO 7:30 PM

LOCATION: WEST HOUSTON INDOOR SOCCER, 17115 CLAY RD

PRACTICE STARTS: Wednesday, September 17th

PRACTICE ENDS: Wednesday, October 22nd

Since there are no official tournaments this early, we will have in-house scrimmages (make teams and play against each other) every other Saturday from 1 to 3 PM.

SCRIMMAGE DATES:

September 27th

October 11th

October 25th

BOOMERS PRE-SEASON SESSION REGISTRATION FORM:

Participant's Name: _____

Parent(s) Name: _____

Address: _____

Home Phone: _____ E-mail: _____

Date of Birth: _____ T-shirt size: _____ (Youth XLarge thru Adult XLarge available)

I certify my child, registered on this form, is in good health and may participate in all volleyball program activities. I understand participation is not without some inherent risk of injury. As such, in consideration of my child's participation in the Club Kaboom Volleyball, Inc. session(s), I hereby waive and release the Club Kaboom staff and the West Houston Indoor Soccer facility from all liability for injury or illness incurred while participating in the volleyball camp. I also give my permission for any emergency medical care or treatment, including transportation that may be required. I hereby authorize the directors of the Club Kaboom Volleyball to act for in accordance with their judgment in an emergency requiring medical attention. I further waive and release Club Kaboom Volleyball, Inc. from liability for any damages from injuries and/or illnesses sustained at the Club Kaboom volleyball session(s). I know of no mental or physical conditions which might affect my child's ability to safely participate in the program or I have notified the program instructors of any and all physical or mental ailments my child has experienced of which they should be aware.

Parent/Guardian Signature _____ Date _____

In case of an emergency, please notify: _____ Phone # _____

Please mail this completed registration form and \$250 check or money order made payable to Club Kaboom Volleyball PRIOR TO AUGUST 10, 2008 to:

Club Kaboom Volleyball
PO Box 448
Fresno, TX 77545

We are also accepting Visa and Mastercard payments now (a 2.5% processing fee applies):

Name exactly as it appears on card: _____

Type (circle): Visa Mastercard Number: _____ Exp _____

CVC (3 digit code from the far right side on the back of card) _____

Total to charge: \$256.25 (\$250 plus 2.5% processing fee)

(Note: If you would like to attend camp but cannot pay the total fee(s) by the deadline given, contact Shafonia at 832-755-5937 to see about a possible payment plan so that your child can still attend.)