

BOOMERS SPRING SESSION AGES 8 TO 12

(*will also take 13s new to club that have similar skill level)

**Note: Do not have to be a previous Boomer to participate, but previous Boomers get first option.
We will not take more than 48 kids.**

**REGISTRATION DEADLINE: MARCH 3rd
PARENT MEETING: MARCH 3rd at 5:00 PM (in new Kaboom building)**

DESCRIPTION: 3 MONTH DEVELOPMENTAL SEASON MARCH THRU MAY
WITH PARTICIPATION IN 2 TOURNAMENTS AND ONE IN-HOUSE SCRIMMAGE

* Note: If you are a 13 for USAV age, you may or may not participate in a regular sanctioned tournament but you will be able to participate in all scrimmages

COST: \$465 (plus \$30 USAV registration if have not registered this year in previous season)

Cost covers 2 practice t-shirts, 2 spandex, 2 pairs of socks, kneepads, playing jersey, coaches' salaries, gym expenses, training equipment, and tournament entries. It does not cover the player's transportation to and from tournament or food during tournament.

IMPORTANT NOTE: *Since many of you are returning and have full practice gear, you can opt for warm-up suit or shoes in place of practice gear if already have complete practice uniform. OR if you have full practice gear from Fall session and already have a warm-up or shoes or don't want them, you are also welcome to take \$65 off your fee. If you have the playing jersey from the Fall session, you can also take an additional \$15 off your fee as that same jersey will be used for this session.*

PAYMENT SCHEDULE: \$165 deposit and \$30 USAV registration fee (if haven't registered this year already) due by March 3rd.

2 equal payments of \$150 per month due on April 1st and May 1st (new participants)

OR 1 payment of \$150 due April 1st and 1 payment of \$85 due May 1st if you have practice gear but need jersey

OR 1 payment of \$150 due April 1st and 1 payment of \$70 due May 1st if you have everything you need already

**If you have a more than one child in the program, you will take 10% off your youngest child's fee

All payments are considered late after the 5th of the month and a \$25 late fee will be assessed and your child will not be able to participate until your fees are current.

PAYMENT ADDRESS: Club Kaboom, PO Box 448, Fresno, TX 77545

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

LOCATION: KABOOM BUILDING, 17111 CLAY RD, HOUSTON, TX 77084

PRACTICE STARTS: Wednesday, March 3rd (There will be no practice on Wednesday, March 17th due to Spring Break)

PRACTICE ENDS: Wednesday, May 26th

Information on on-line USAV registration will be sent out shortly to those that need it. Please make sure we have a good email address for you below.

BOOMERS FALL SEASON REGISTRATION FORM:

Participant's Name: _____

Parent(s) Name: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ E-mail: _____ Date of Birth: _____

If you need practice gear: T-shirt size: ____ (Youth Med thru Adult XL) Spandex size: ____ (Adult XXS thru XL) – DO NOT MARK IF YOU ALREADY HAVE YOUR PRACTICE GEAR AND DO NOT WANT AGAIN

Returning Boomer that would prefer shoes – size _____ (women’s 6 thru 13 including half sizes) or warm-up suit size _____ (adult XS thru XL) (mark choice if you have practice gear already and want shoes or a warm-up suit instead of new practice gear)

OR IF YOU HAVE GEAR AND ARE OPTING TO TAKE \$65 OFF YOUR FEES, INITIAL HERE _____ AND IF YOU HAVE PLAYING JERSEY FROM FALL SESSION AND ARE OPTING TO TAKE ADDITIONAL \$15 OFF YOUR FEES, INITIAL HERE AGAIN _____

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 email Shafonia at Shafonia@clubkaboom.org prior to March 1st to reserve your spot in the Spring session. Then, mail this completed registration form and deposit and registration fee (if needed) via check or money order made payable to Club Kaboom Volleyball PRIOR TO MARCH 3rd, 2010 to:

Club Kaboom Volleyball
PO Box 448
Fresno, TX 77545

OR JUST BRING WITH YOU TO MEETING ON MARCH 3rd

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 for deposit and registration (if applicable): \$ _____ (plus 2.5% processing fee)