



Get Fit - Improve Your Volleyball Skills - Have Fun!  
**Learn the Sand Game or  
 Take It to the Next Level**  
**3 Skill Levels - No Partner Required**  
**- Tournaments Optional**

**WADSWORTH COURTS AT PISMO BEACH  
 GRADES 6TH - 12TH IN THE FALL**

**SPRING SESSION:**  
 May 1st - June 5th

3rd-4th graders: Mondays 5:00 - 6:00 PM - \$60  
 5th-8th graders: Mondays 5:00 - 7:00 PM - \$90

**SUMMER SESSION:**  
 June 12th - July 19th

6th-12th graders: Mondays & Wednesdays  
 5:00 - 7:00 PM - \$180

**[www.pismobeachvolleyballclub.com](http://www.pismobeachvolleyballclub.com)**

**REGISTER HERE: [www.pismobeach.org](http://www.pismobeach.org) / 805-773-7063**

**CONTACT US AT: [pismobeachvbc@gmail.com](mailto:pismobeachvbc@gmail.com)**



**REGISTRATION FORM**

*This Form Must Be Completely Filled Out or May Be Returned Without Being Processed*

**RESPONSIBLE PARTY:**

Last Name, First \_\_\_\_\_ Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**PARTICIPANT INFORMATION:**

Last Name, First \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ Male \_\_\_\_ Female

Program Name: BEACH VOLLEYBALL Date(s) \_\_\_\_\_ Fee \$ \_\_\_\_\_

Shirt Size (Adult): XS \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ X \_\_\_\_\_ XL \_\_\_\_\_

TOTAL AMOUNT DUE \$ \_\_\_\_\_ PAYMENT METHOD [ ] Check # \_\_\_\_\_ [ ] Cash \_\_\_\_\_ (staff initials)

**Checks Must Be Payable to: City of Pismo Beach, 760 Mattie Road, Pismo Beach, CA 93449 Attn: Recreation**

**LIABILITY, MEDICAL & PHOTO RELEASE - Please read carefully before signing.**

The undersigned agrees to hold the City of Pismo Beach and any officers, agents, employees, and volunteers thereof harmless from any claim for injury or accident to the above named arising out of or in any way connected with the named activity. I recognize that this recreation program may have some inherent risks and I accept the responsibility to identify those risks and accept them. In case of an accident arising out of the named activity, medical assistance may be administered to the person named herein. Registration form will act as medical release. I understand that no medical insurance is provided, and that staff are not medical professionals and are not trained to diagnose, monitor or treat medical conditions, whether pre-existing or caused by participation in named activity. I also understand that The City of Pismo Beach reserves the right to use any photos or videos of participants taken by our staff in our programs and facilities as promotional material for future brochure publications, flyers, web site postings, and any other media opportunity, and I understand I will not receive compensation for the use of any photos or videos. If participant is under 18, parent or guardian must sign release.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_