

Gr. 3-4 & 4-5 SPRING INSTRUCTIONAL VOLLEYBALL LEAGUES @ ST. BERNADETTE 21st year !

MARCH 5 to APRIL 26, 2024

VOLLEYBALL STARTS 6:30 PM. ENDS 8 PM
SEE SCHEDULE BELOW



LEAGUE - GRADES 3-4 DATES:

MARCH 5 - TUESDAY 6:30-8 PM
MARCH 7 - THURSDAY 6:30-8 PM
MARCH 12 - TUESDAY 6:30-8 PM
MARCH 14 AND MARCH 15 - GYM NOT AVAILABLE
MARCH 19 - TUESDAY 6:30-8 PM
MARCH 21 - THURSDAY 6:30-8 PM
MARCH 26 - TUESDAY 6:30-8 PM
NO VOLLEYBALL MARCH 28-APRIL 8
APRIL 9 - TUESDAY 6:30-8 PM
APRIL 11 - THURSDAY 6:30-8 PM
APRIL 16 - TUESDAY 6:30-8 PM
APRIL 18 - THURSDAY 6:30-8 PM
APRIL 23 - TUESDAY 6:30-8 PM
APRIL 25 - THURSDAY 6:30-8 PM

LEAGUE - GRADES 4-5 DATES:

MARCH 6 - WEDNESDAY 6:30-8 PM
MARCH 8 - FRIDAY 6:30-8 PM
MARCH 13 - WEDNESDAY 6:30-8 PM
MARCH 14 AND MARCH 15 - GYM NOT AVAILABLE
MARCH 16 - SATURDAY 10-11:30 AM
MARCH 20 - WEDNESDAY 6:30-8 PM
MARCH 22 - FRIDAY 6:30-8 PM
MARCH 27 - WEDNESDAY 6:30-8 PM
NO VOLLEYBALL MARCH 28-APRIL 8
APRIL 10 - WEDNESDAY 6:30-8 PM
APRIL 12 - FRIDAY 6:30-8 PM
APRIL 17 - WEDNESDAY 6:30-8 PM
APRIL 19 - NO GYM AVAILABLE
APRIL 24 - WEDNESDAY 6:30-8 PM
APRIL 26 - FRIDAY 6:30-8 PM

Location: St. Bernadette Gym 2256 Clague Road, Westlake 44145

There are NO TRYOUTS, Educational Sports Productions Inc will group the players.

Registrations LIMITED to 32 per League (4 teams per league) EMAIL OR CHECK WEBSITE FOR AVAILABILITY.

Coach Areta Golembiowsky 330-278-2717

Website: www.edsportpro.com

aretagolembiowsky@gmail.com

Cost \$250 REFUND POLICY: See website

PAY ON LINE! GO TO WEBSITE - SPRING LEAGUE PAGE- CLICK ON THE LINK and follow the directions.

Print the registration form-fill out and email me a copy

or Checks payable to: Educational Sports Productions Inc

Mail registration form with check to: Educational Sports Productions Inc
422 Ridge Road, Hinckley, OH 44233

REGISTRATION & WAIVER 2024 Spring Instructional Volleyball League at St. BERNADETTE

INDICATE WHICH LEAGUE GRADE 3-4 OR GRADE 4-5 (SEE SCHEDULE ABOVE)

Participant's Name _____ Current Grade (23-24) School _____

Parent/Guardian Name _____ Email _____

Address _____ Home Phone _____

Years of Volleyball Experience _____ T-SHIRT SIZE: _____

Choices: YOUTH MEDIUM - YOUTH LARGE - ADULT SMALL - ADULT MEDIUM - ADULT LARGE

Restrictions to physical activity: no/yes (circle one) EXPLAIN: _____

Person(s) to contact in the event of an emergency :

Name _____ Phone _____

Educational Sports Productions Inc Waiver/Exclusionary Clause/Medical Release:

I, the undersigned participant, in enrolling with Educational Sports Productions Inc, understand that he/she/I, in attending any program and using the facilities, does/do so at his/her/my own risk. Educational Sports Productions Inc and its owners, employees, agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and his/her/my family in or about the premises. Participants assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she/I does/do hereby fully and forever release, discharge, and hold harmless Educational Sports Productions Inc, all associated facilities, and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future, resulting from or rising out of any person's participation in any programs or use of its facilities.

I, the undersigned participant, _____, do hereby grant authority to the staff of Educational Sports Productions Inc to render judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence.

Parent/Guardian Signature _____ Date _____