

2010 beach volleyball high school championships



when:

July 24-25, 2010

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where:

clayton international
park (aka atlanta beach)

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cost:

\$60 per team

info:

There will be Varsity and JV divisions. You must partner with someone from your high school. No jerseys or uniforms will be given however T-shirts and medals will be given to winners and a small donation to your school's booster club.

format:

Saturday will be the best 2 out of 3 in a wave pool play format. Games will be played to 21 with a third game to 15 points. Pool play determines seeding for the tournament on Sunday. Tournament will consist of gold and silver brackets. Each team will play a minimum of 4 matches.

sign up:

Please use the registration form below and mail to appropriate address.



High School Beach Championships Tournament Registration Form

To register your team fill out the info below, sign the waiver at the bottom and mail to the address shown. Payment will be accepted (cash or money order) at tournament registration on the first day of the event.

PLAYER 1

Name: _____ Age: _____ Grade: _____
Street Address: _____ State: _____ Zip: _____
E-mail Address(s): _____ Home Phone: _____
Parent's Names: _____ Emergency #: _____
Player's Birth Date: ____/____/____ High school: _____

PLAYER 2

Name: _____ Age: _____ Grade: _____
Street Address: _____ State: _____ Zip: _____
E-mail Address(s): _____ Home Phone: _____
Parent's Names: _____ Emergency #: _____
Player's Birth Date: ____/____/____ High school: _____

LEVEL OF PLAY (circle the one you're entering): **VARSDITY or JV**

REGISTRATION
MAILING ADDRESS:

**ATTN: HS Beach Championships
BRENT BRIDGER
921 Fountain Glen Dr.
Lawrenceville, GA 30043**

Waiver of Liability: I/We the undersigned hereby certify that I(we) am(are) the parent(s) or legal guardian(s) of the athlete. I/We hereby give permission for the staff of High School Beach Championship and Brent Bridger to seek appropriate medical attention for the athlete and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment, [except for that covered by the club's excess medical coverage policy.] I/We, the undersigned for ourselves, our heirs, executors and administrators waive, release and forever discharge The Clayton County Parks and Recreation, High School Beach Championship, Brent Bridger, its staff, officers, directors, board members, coaches, agents, employees, representatives and successors and assigns of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participating in volleyball activities, whether damages, injury or loss are due to negligence. I/We hereby acknowledge that our child is physically fit and mentally capable of participating in volleyball and volleyball related activities.

Signature: _____

Date: _____