

Petite Elite Volleyball

Player Name:
(First & Last) _____

T-Shirt Size:
(Circle One)

Youth: Small Medium Large
Adult: X-Small Small Medium Large

Player Birthdate: Month: _____ Date: _____ Year: _____

Player's Age: _____

School in 25-26: _____

Grade in 25-26: _____

Mailing Address: _____

City: _____ Zip: _____

Mom Name: _____

Dad Name: _____

Mom Cell: _____

Dad Cell: _____

Mom email: _____

Dad email: _____

Please select the session that you want to register: (start and end dates are approximate)

Multiple sessions available to accommodate individuals participating in various activities throughout the year. Start and end dates will be set once school and tournament schedules are finalized. Additional details will be provided in November 2025.

To reserve your spot, a non-refundable deposit (check or money order) of \$100 is required upon registration (or you may pay in full). Deposit will go toward payment balance.

Option A – Both Sessions – \$1200

Practices begin in December and end early -May

Must register for both sessions at beginning of Winter Session to be eligible for reduced rate

Option B – Winter Only – \$675

Practices begin in December and end mid-February

Option C – Spring Only – \$675

Practices begin mid-February and end mid-May

Petite Elite Registration & Waiver Form

This organization and its activity is not related to, nor sponsored by the Spring Branch Independent School District

I, the undersigned, being the individual parent, or legally authorized guardian of _____, authorize my child to participate in Petite Elite Volleyball Activities and understand that participating in athletics of any kind comes with risks. I agree to hold Spring Branch ISD, its Board of Trustees, administration, and/or faculty, harmless from liability for any injuries or illness, which my child may be subject to while participating in any recreational activities or utilizing the Spring Branch ISD facilities. In the event of an emergency requiring medical attention, I authorize the Director, supervisor, and/or a district employee to use their judgment to secure medical services if necessary, which shall be at my own cost. I have provided my child's insurance information to the directors of Petite Elite as well as notified them of my child's physical ailments or limitations.

Signature of Parent / Guardian: _____ Date: _____

Please Sign up my daughter for (check one): ☐ Option A – Both ☐ Option B – Winter Only ☐ Option C – Spring Only

Remit Registration Form, Deposit or full amount Payment in the form of Check, Money Order or Zelle with player's name on memo line payable to **TEVA** (Texas Elite Volleyball Association)

\$675.00 for only 1 session or \$1200.00 for BOTH sessions to:

Petite Elite – Coach Beth Gammill
12106 Wedgehill
Houston, Texas 77077

If you choose, you may bring your credit card to uniform try-ons and we can charge your card for the full amount at one time.

Note: MUST remit \$100 deposit via check, money order or Zelle to 713-203-6520.

The remaining balance will then be charged on your credit card. If you agree, put your initials net to the statement below.

_____ I understand that I need to submit \$100 non-refundable deposit with this form and remainder will be charged to my credit card.

Once your registration has been received, an email confirmation from Petitevb@gmail.com will be sent.

For office use only: Date Received: _____ Confirmation Sent: _____ GoogleDoc: _____ Email List: _____