

PETITE ELITE VOLLEYBALL REGISTRATION FORM

WINTER 2024 SPRING 2025

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 24-25: _____	Grade in 24-25: _____	
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 are available in order to accommodate those who are involved in multiple activities throughout the year. Start and End dates will be determined once school / tournament schedules have been finalized.

More information will be sent in November 2024.

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 or Money Order 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 or money order.
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, you will receive an email confirmation from Petitevb@gmail.com

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