

SUPER SPIKES

Grades 7-10

Interested in the next
Level of volleyball??



Focus: Technical skill development
Start date: Wednesday, November 1, 2017
Duration: 8 weeks for \$135.00
Location: Richmond Street Public School
Girls: 6:00-7:00pm
Boys: 7:00-8:00pm

This program is for athletes who:

- *participated in SPIKES or
- *play on their school team or
- *play a rep sport (hockey, soccer, basketball) and
- * are interested in trying out for a travel team or high school team.

Playing rep sports but want to learn how to play volleyball? This program is for you!!

Head Coach: Niagara Rapids Technical Director Matt Ragogna



experience this!

SUPER SPIKES

Program Information

Location: Richmond Street Public School

Address: 153 Richmond Street, Thorold

Program Start Date:

Tuesday, November 1, 2017

For 8 weeks

Questions?

Contact: Beth Schulz

schulzy2@sympatico.ca / 905 937 4275

How to Register:

Cheque payable to Niagara Spikes(\$135.00)

Fill out this form, and mail cheque to:

Beth Schulz

8 Eastfield Court

St. Catharines, On

L2M 6V1

SUPER SPIKES

Travel style practices!!

Skill Development!!

Game play!!

Competitive volleyball!!

SUPER SPIKES Fall Registration Form

Name: _____ Gender: Male Female _____
Volleyball Experience _____
Date of Birth: _____
Parent's E-mail: _____
Parent/Guardian Name: _____ Parent/Guardian Phone: _____
Medical Concerns: _____

Personal Information & Photo Release, Waiver and Indemnification: I understand Ontario Volleyball (OVA) gathers personal information about each of its participants, including name, address, email, telephone number, gender and date of birth. This information is used for the purpose of communications from OVA with regard to OVA programs, events, promotions, and sponsorships. The information is also used by Volleyball Canada for annual registration and membership demographics. OVA requests medical and emergency contact information to use in case of a medical emergency.

I understand that Ontario Volleyball has the right to take photographs, videotape, or digital recordings of me at its programs, to be used in any and all media. I am aware that by giving consent, I am permitting my name and image to be posted on the OVA website, provided to media, and used in publications, which can be viewed by anyone who accesses the OVA website, external media, or publications. I understand that I may withdraw consent to the collection, use or disclosure of my personal information at any time by contacting the OVA Privacy Officer (privacy@ontariovolleyball.org).

Upon acceptance as a participant of Ontario Volleyball, I agree to abide by the rules and procedures of the OVA as approved through the By-Laws, Rules and Regulations of the OVA. As a participant of the OVA I shall uphold the high standards of the OVA and shall never do anything to damage the reputation of the OVA. I understand and agree that the OVA and/or any of its coaches, program coordinators, officials, affiliates, or sponsors are not responsible for any injury, damage or loss resulting from my accident from known or unknown conditions howsoever caused. I also understand and agree that any violation of this contract may result in the immediate termination of my participation.

Parent/Guardian Signature: _____ Date: _____



experience this!