

Hot New Program!!

mini SPIKES!!



Volleyball

for

Boys and Girls
Grade 1-4

Mini SPIKES will be run by a *talented staff including:*

- ★ Head Coach: Kyle Steele
Senior boys coach at Eden High School
- ★ Speed and agility, hand / eye co-ordination, volleyball specific movement
- ★ Lots of ball play and volleyball skill development

You'll want to be a part of this program when you find out *what each participant will receive!*

- ★ 8 weeks of high energy fun!!
- ★ A very cool Spikes T-Shirt
- ★ Teaching fair play and team work

We are pleased to be able to offer this program for \$130.00

Limited participants - register today!

SPIKES Volleyball has been developed by Ontario Volleyball.
Beth Schulz is authorized to deliver the SPIKES Volleyball program in the Niagara Region



experience this!

Program Information:

Fall Mini SPIKES Volleyball



Location: Jeanne Sauve French Immersion School
Address: 91 Bunting Road, St. Catharines
Start date: Monday, January 13th, 2020 for 8 weeks
Time: 6:15-7:15pm

Questions?

Parent Coaches welcome!! Please contact
Beth Schulz schulzy2@sympatico.ca

How to Register:

Cheque payable to Niagara Spikes (\$130.00)

Etransfer available contact Beth Schulz

Fill out this form, and mail cheque to:

Beth Schulz
8 Eastfield Court
St. Catharines, L2M 6V1

Mini SPIKES Winter 2020 Registration Form

Name: _____ Gender : Male Female _____

I would like to play with (friend) _____

Date of Birth: _____

Parent's E-mail: _____

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

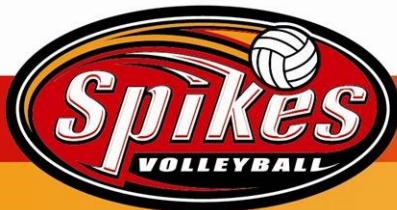
Medical Concerns: _____

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!