

BEAST

www.BEASTATHLETICS.net

1-833-802-3278

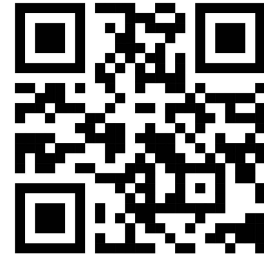
Volleyball League

5th-8th Grades



\$145 per player

payment plans are available by request. please call!



Register
Online with
QR Code

Practices & Games on Monday and Thursdays

**SAC (Student Activity Center) at Seguin High School

April 1st - April 25th

(April 1st, 4th, 8th, 11th, 15th, 18th, 22nd, 25th)

End of Season Tournament TBD

✓ Practice from 5-6pm, Games start at 6pm

✓ High school varsity player coaches

✓ All players must attend Seguin ISD Elementary and Middle Schools

Important Dates

✓ March 29th - Players contacted by their coach

✓ March 30th - Game schedule & rules available

Includes Beast Volleyball Game Shirt

Adult T-shirt size (circle): XXS XS S M L XL XXL

Focus On: Serving, Hitting, Setting, Passing, Blocking, Game Rules and The Matador Way

DEADLINE TO SIGN UP: MARCH 25th

Name _____ Grade _____ School _____

Address _____ City _____ Zip _____

Phone # _____ Parent's Name _____ Emergency # _____

Insurance Co. _____ Email _____

(email for confirmation purposes; exclusive to Beast Athletics)

Position (circle): OUTSIDE HITTER RIGHTSIDE HITTER LIBERO SETTER MIDDLE DEFENSIVE SPECIALIST

CREDIT CARD INFORMATION

Circle One: Master Card Visa AMEX

Card # _____ Exp ___/___

Amt \$ _____ CVV# _____ Zip Code _____

Auth. Signature _____

MAKE CHECKS PAYABLE TO: Beast Athletics

Check # _____ Amt \$ _____

Mail to: Beast Athletics, P.O. Box 1171
McQueeney, TX 78123

Register online at www.BeastAthletics.net or by mail

RELEASE OF LIABILITY (WAIVER)

I give permission for _____ to participate in the 2024 event conducted by Beast Athletics. I understand that I must provide insurance coverage for my child and acknowledge that Beast Athletics and any agent involved with Beast Athletics shall be held harmless in the event of injury. I further understand that the school insurance does not cover this event.

I acknowledge that Beast Athletics is not held liable for Covid or injuries

SIGNATURE FOR RELEASE OF LIABILITY:

Parent _____ Date ___/___/___

ATHLETIC TRAINER ON SITE