



Mountain View Volleyball Club Off-Season Volleyball



GRADE LEVEL:	We would like to have athletes in the 5 th -8 th grade age range to form teams from 12's to 14's at Mountain View Volleyball Club, and 9 th graders for a top 15's team as well.	
LOCATION:	Mountain View High School Gymnasiums (Main & Small) & Mesa District Junior Highs	
FOCUS:	Our goal at MVVC is to take the younger players in our community and give them the opportunity to learn the basic fundamentals of serving, passing, setting, blocking, and hitting.	
INSTRUCTORS:	All instructors are approved through the district, and GMS trained as well.	
DATES:	November of 2017 to May of 2018, 12's-14's Tryout is Nov. 11 th and 15's-18's is Nov. 18 th	
COST:	12's – 14's Teams \$300 due at Tryouts on 11/11 \$300 due 1/11/18 \$250 due 2/11/18	15's – 18's Teams \$300 due at Tryouts on 11/18 \$350 due 1/18/18 \$350 due 2/18/18
DETAILS:	We will practice on two days M,T,TH,F, and have tournaments and position training on Saturdays	
PAYMENT OPTIONS:	Make online debit or credit payments https://mpswebpay.mpsaz.org or make payments via the Mountain View Bookstore 2700 E. Brown Rd. Mesa, AZ 85213	
CONTACT:	Anthony Millanes (480) 213-9534 or atmillanes@mpsaz.org	

SAVE \$10, REGISTER ONLINE. <https://mpswebpay.mpsaz.org>. or submit registration below to:
Mountain View High School bookstore 2700 E. Brown Rd. Mesa, AZ 85213

Student Name:	Grade: _____
Parent/Guardian:	School: _____
Phone: (H) _____ (C) _____	Student ID#:
Email:	
Emergency Contact Name:	Please select Payment Option Below
Phone: (H) _____ (C) _____	Full <input type="checkbox"/> 1 st : <input type="checkbox"/> 2 nd : <input type="checkbox"/> 3 rd : <input type="checkbox"/>
I give permission for my child to participate in the sports program listed. I/we understand all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify and hold harmless Mesa Public Schools and the school from any claim arising out of any injury to my child.	
Parent Signature: _____	
I give permission to photograph my child during camp participation for publicity use and/or news release. <input type="checkbox"/> YES <input type="checkbox"/> NO	
Does your child have health conditions/concerns of which staff should be aware? If so, please explain:	
PAYMENT:	
To pay by debit card or credit card and receive a discount, register online at https://mpswebpay.mpsaz.org . For online payment questions call (480) 472-0118. For camp related questions, contact the coach listed above.	
Check # _____ Check amount \$ _____ Make checks payable to Mesa Public Schools.	
For office use only: Item # D1326a 2017/18 and D1326b 2017/18	