

# ***Rivier University Team Playdate***



**Wednesday August 9, 2017\***

**6:15pm – 9:30pm**

**\$120 per Team**

**Maximum 12 Players per Team**

**All Levels Welcome – Varsity Preferred**

**In The Muldoon Fitness Center**

**(Minimum of 6 teams to run play-date)**



Game Play by Your Team to Get an Early Start on Pre-Season



Enter More Than One Team from Your High School



Round Robin Format with Timed 15 Minute Games



**\*Minimum of 6 Teams to Run Play-Date**  
**Deadline/Cancellation Date Wednesday August 2<sup>nd</sup>**

**PLEASE BRING YOUR OWN WATER BOTTLES TO PLAY-DATE**

## Application: 2017 Team Play-Date

**High School Team:** \_\_\_\_\_

Level: (Please Circle One)

Varsity

Junior Varsity

Team Captain Contact Info:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

Please List Team Members:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please fill out registration form completely and return it with your check or money order of \$120 payable to **Rivier University Volleyball**,

Please Mail To:

Rivier University Volleyball  
420 S. Main Street  
Nashua, NH 03060

**PLEASE BRING YOUR OWN WATER BOTTLES TO PLAY-DATE**

## Application: 2017 Volleyball Team Play-Date

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ School Grade Upcoming Season \_\_\_\_\_

Name of High School Team Trying Out \_\_\_\_\_

Number of Years Playing Volleyball \_\_\_\_\_ Position \_\_\_\_\_

Playing Expereince \_\_\_\_\_

E-Mail \_\_\_\_\_

In case of emergency notify \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

List any medical conditions clinic director should be aware:

\_\_\_\_\_  
\_\_\_\_\_

Insurance information \_\_\_\_\_

Insurance company \_\_\_\_\_

Policy # \_\_\_\_\_

In case of emergency, every attempt will be made to contact the person(s) above. If contact is unsuccessful, I authorize the camp staff to provide emergency medical care if necessary. Any expense arising from injury or illness is the responsibility of the person signing below:

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date