

**Atomic! VBC Registration Form – 2020**

Mail forms deposit of $100 payable to **Atomic! Volleyball Club**, PO BOX 1381, Southgate, MI 48195

Athlete’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_

Youth Shirt Size \_\_\_\_\_ Spandex \_\_\_\_

Home Ph ( ) \_\_\_\_\_\_\_\_\_\_\_\_ Uniform #\_\_\_or\_\_\_

Cell Ph ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ birthdate: \_\_- \_\_- \_\_

School enrolled at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent email (print neat): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize the staff of the Atomic! VBC to act on my behalf according to their best judgment in any emergency requiring medical attention if I cannot be reached. I, further, waive and release the Atomic! VBC and its staff from any and all liability for the injuries or illnesses incurred while involved in this program. I have no knowledge of any physical impairment that would keep the above named athlete from full participation in this program.

Parent/guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian’s name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date **\_\_\_\_\_\_\_\_\_\_**

**2020 10u PROGRAM INFO**

**------- WINTER Session -----------**

We are committed to improving the athletes VB skills and their character traits as young ladies. Our main goal is to get the athletes ready for the next level of VB by providing them with a high level of trainings and experienced coaches.

Practice Location: Brownstown Sports Center

**COSTS**

*10U = $300*

Fees include: training, AAU/MJVBA membership,

facility, coaching, equipment, 1 pair of spandex and one game shirt.

Tourneys: There will be 3 one-day weekend tourneys.

Season Length: Jan 7 – Feb 27

2 team practices per week on Tu/Th from 4:30-6p

**10u Head Coaches: Melissa Yack**

**Dennis Yack**

**Jeff Klug**

Club Director: Coach Yack

Club contacts: atomicvbc.com

[atomicvbc@gmail.com](mailto:atomicvbc@gmail.com)

734.934.4064

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**HOW DO I GET MY DAUGHTER INVOLVED?**

**1) MAIL IN FORM AND DEPOSIT**

**-----OR -----**

**2) COME TO B.S.C. ON Nov 6, 2019 @ 7:30 pm**

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Practice starts Jan 7 @ Brownstown Sports Center, 21902 Telegraph Rd

Practices are Tu/Th from 4:30-6p

2 practices per week: 1.5 hours/ practice

3 one-day weekend tournaments.

No tryout necessary!!

?’s: email - [atomicvbc@gmail.com](mailto:atomicvbc@gmail.com)

Coach Yack 734-934-4064

Check out 🡪 atomicvbc.com

Like us on facebook!!!!

**At mic!**

Volleyball Club

**10u PROGRAM**

“The only VB club Downriver that originated Downriver!”

**Atomic! VBC Registration Form - 2017**

Mail form & deposit of $100 payable to **Atomic! Volleyball Club**, PO BOX 1381, Southgate, MI 48195

Athlete’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_

Youth Shirt Size \_\_\_\_\_ Spandex \_\_\_\_

Home Ph ( ) \_\_\_\_\_\_\_\_\_\_\_\_ Uniform #\_\_\_or\_\_\_

Cell Ph ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ birthdate: \_\_- \_\_- \_\_

School enrolled at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent/guardian’s name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date **\_\_\_\_\_\_\_\_\_\_**