

## 2026 PJB TOURNAMENT REGISTRATION FORM

Player's Name \_\_\_\_\_ AGE: \_\_\_\_\_ CEVA# \_\_\_\_\_  
(12U teams by invitation only for 14U tourneys/14U teams by invitation only for 15U-18U tourneys)

**\*Saturday, May 23**

**14U Doubles** \_\_\_\_\_ Partner \_\_\_\_\_ CEVA# \_\_\_\_\_

**\*Sunday, May 24**

**15U-18U Doubles** \_\_\_\_\_ Partner \_\_\_\_\_ CEVA # \_\_\_\_\_

**\*Saturday, June 6**

**14U Doubles** \_\_\_\_\_ Partner \_\_\_\_\_ CEVA# \_\_\_\_\_

**\*Sunday, June 7**

**Parent/Child Doubles** \_\_\_\_\_ Parent/Child CEVA#'s \_\_\_\_\_

**\*Saturday, June 20**

**15-18U Doubles** \_\_\_\_\_ Partner \_\_\_\_\_ CEVA# \_\_\_\_\_

**\*Sunday, June 21**

**14U Doubles** \_\_\_\_\_ Partner \_\_\_\_\_ CEVA# \_\_\_\_\_

**\*Saturday, July 4 Parent/Child Doubles CEVA #'s** \_\_\_\_\_

**\*Sunday, July 5**

**15U-18U Doubles** \_\_\_\_\_ Partner \_\_\_\_\_ CEVA# \_\_\_\_\_

**\*Saturday, July 18**

**15-18U Doubles** \_\_\_\_\_ Partner \_\_\_\_\_ CEVA# \_\_\_\_\_

**\*Sunday, July 19**

**14U Doubles** \_\_\_\_\_ Partner \_\_\_\_\_ CEVA# \_\_\_\_\_

**\*Saturday, August 1**

**14U Doubles** \_\_\_\_\_ Partner \_\_\_\_\_ CEVA# \_\_\_\_\_

**\*Sunday, August 2**

**15U-18U Doubles** \_\_\_\_\_ Partner \_\_\_\_\_ CEVA# \_\_\_\_\_

**\*Saturday, August 15 Parent/Child Quads Team CEVA #'s** \_\_\_\_\_

## 2026 Tournament Registration & Fees:

### \*Entry Fee:

Doubles: \$90.00 per team

Quads: \$140.00 (cash or check payable to Wendy Stammer not PJB)

### \*Registration Steps:

- 1) Email Wendy Stammer at [pjbtournaments@gmail.com](mailto:pjbtournaments@gmail.com) to request a tournament date/dates.
- 2) Include in email: tournament date/dates, both partners names, both partners' parent email and phone numbers.
- 3) Confirmation and payment details will be emailed to the emails provided.

\*Cancellation Policy: Cancellations less than **1 week** (7 days) of the tournament date will result in a forfeit of your registration fee.

\*\*\*SIGNATURES REQUIRED: I have read and agree to the registration, cancellation and Delker Dune policies of PJB.

Parent \_\_\_\_\_ Date \_\_\_\_\_

Player \_\_\_\_\_ Date \_\_\_\_\_

## 2025 RULES AND REGULATIONS FOR PJB & DELKER DUNES TOURNAMENTS

- 1) Each team will need to bring their own beach volleyball, food and portable shade. Canopies allowed if not blocking view of play.
- 2) Each player will bring their own water bottles with plenty of drinks for the day.
- 3) If a player has ANY symptom of ANY illness the day of the tournament, that player will not be allowed to participate in the tournament.
- 4) Pets are NOT ALLOWED on the Thompson Property at any time, in or out of the car.
- 5) Speed limit on the Thompson property is less than 10 MPH.
- 6) CAR POOL as much as possible on tournament days and plan on staying once you get to the tournament. Minimizing coming and going during the tournament out of respect for the neighbors who share the same driveway.
- 7) No loud music allowed. We are in a very quiet neighborhood.

**PJB staff have the right to send any player or spectator home from a tournament if we feel they do not meet any of these criteria set forth.**

TEMPLATE

**YOUTH & JUNIOR VOLLEYBALL PLAYER MEDICAL RELEASE FORM**

This **must be** completed - legibly - and signed in all areas by both the player and his/her parent or guardian. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential.  
**By signing this form the participant affirms having read and agreed to the terms and conditions listed below.**

Club: \_\_\_\_\_ Team Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

**Primary Contact: Parent or Guardian**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Secondary Contact:**  Parent/Guardian  Other \_\_\_\_\_

Name: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Primary Insurance Co: \_\_\_\_\_ Primary Group/Policy # \_\_\_\_\_ / \_\_\_\_\_  
Family Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Please elaborate on any medical conditions of which we should be aware: \_\_\_\_\_  
Please list any medications currently being taken: \_\_\_\_\_  
In the past 24 months, have you been tested, diagnosed and/or treated for a concussion:  Yes  No  
If yes, provide the date (months and year), who performed the testing/diagnosing/treatment and what was the outcome: \_\_\_\_\_  
Please list any allergies (write NONE if no allergies): \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(regardless of age):

Participant, \_\_\_\_\_, has my permission to participate in training, competition, events, activities and travel sponsored by USA Volleyball or any of its Regional Volleyball Associations (RVAs). I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed above. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. I agree to allow the authorized adult team personnel to release this information in the event of a medical emergency to a third party medical provider. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_

If, during the course of my daughter's/son's activities in volleyball, she/he should become ill or sustain an injury, I hereby **authorize** you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

**I do not authorize** emergency medical/dental care for my daughter/son.  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_