

2025 Portland Junior Beach Clinic Registration Form

Player Name: _____ CEVA Membership Number: _____

Player Age: _____ Grade & School (NEXT school year): _____

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

Parent/Guardian E-mail: _____ (PLEASE PRINT VERY CLEARLY)

REGISTRATION CHECKLIST See further details on page 2. ALL items must be received to reserve sessions.

- ☐ Registration Form: 4 pages filled out and signed
- ☐ **Separate** \$85 checks for **EACH** session requested, payable to Wendy Stammer
(Beginner Sessions = one \$240 check)
- ☐ All registration materials mailed to registrar: Kellie Nazemi 5288 Denton Drive Lake Oswego OR 97035

SESSION SELECTION

BEGINNER BEACH Sessions _____ 6-clinic package

THURSDAY mornings (9:00-10:30am): Jun 19, Jun 26, Jul 3, Jul 10, Jul 17, Jul 24

Entering 5th-7th grade in Fall 2025

Players new to beach but not new to volleyball

Cost: \$240.00 for all 6 clinics. Missed days are not refunded.

YOUNGER Sessions (select sessions below)

Entering 7th, 8th, 9th grade in Fall 2025

Sessions 1 - 4: time 4:30pm - 6:00pm

Sessions 5 - 11: time 9:00am - 10:30am

Cost: \$85.00 per session

Session 1 _____ May 19 & 21 (M/W)

Session 2 _____ May 28 & May 30 (W/***FRI***)

Session 3 _____ June 2 & 4 (M/W)

Session 4 _____ June 9 & 11 (M/W)

Session 5 _____ June 16 & 18 (M/W)

Session 6 _____ June 23 & 25 (M/W)

Session 7 _____ June 30 & July 2 (M/W)

Session 8 _____ July 7 & 9 (M/W)

Session 9 _____ July 14 & 16 (M/W)

Session 10 _____ July 21 & 23 (M/W)

Session 11 _____ July 28 & 30 (M/W)

EVENINGS

MORNINGS

OLDER Sessions (select sessions below)

Entering 10th, 11th, 12th grade in Fall 2025

Sessions 1 - 4: time 6:00pm - 7:30pm

Sessions 5 - 11: time 10:30am - 12:00pm

Cost: \$85.00 per session

Session 1 _____ May 19 & 21 (M/W)

Session 2 _____ May 28 & May 30 (W/***FRI***)

Session 3 _____ June 2 & 4 (M/W)

Session 4 _____ June 9 & 11 (M/W)

Session 5 _____ June 16 & 18 (M/W)

Session 6 _____ June 23 & 25 (M/W)

Session 7 _____ June 30 & July 2 (M/W)

Session 8 _____ July 7 & 9 (M/W)

Session 9 _____ July 14 & 16 (M/W)

Session 10 _____ July 21 & 23 (M/W)

Session 11 _____ July 28 & 30 (M/W)

Office Use Only received: _____

☐ Registration ☐ Signatures

☐ Med Release ☐ Paid in Full

Confirmation sent: _____

Incomplete sent: _____

Pending items: _____

Notes: _____

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 _____

Beg _____

PROGRAM DETAILS

- **Location:** all sessions located at Delker Dunes 6210 Delker Road Tualatin Oregon
- **Session Levels:** general guideline for session selection (program director may adjust based on skill or spot availability)
 - BEGINNER BEACH Session – players entering 5th – 7th grade with volleyball experience, but new to beach
 - YOUNGER Sessions – players entering 7th – 9th grade with club volleyball and beach volleyball experience
 - OLDER Sessions – players entering 10th – 12th grade with club, high school, and/or beach volleyball experience
- **Session Times:** Morning sessions may be moved to earlier start times on days that extreme heat is expected

REGISTRATION DETAILS

- **Registration Form:** Print then complete all 4 pages
 - **CEVA Membership Required:** enter ID number on page 1, no need to print or send card. If not a CEVA member, register at: www.cevaregion.org/membership
 - Page 1: Fill out player and parent/guardian information, select sessions
 - Page 2: Review registration details and cancellation policy, player and parent sign & date at bottom
 - Page 3: Sign liability waiver and review photo/video release option
 - Page 4: complete & sign **Player Medical Release Form**
- **Payment:**
 - **MAKE CHECKS PAYABLE TO WENDY STAMMER**
 - YOUNGER/OLDER: If you sign up for multiple sessions you will need to write multiple \$85 checks
 - Please write the session number in the Memo section of each check
 - BEGINNER: one \$240 check for 6-week package
 - Checks will be cashed as each session week approaches
 - "Drop-in" fee \$45, available if a clinic is not full
- **Send all registration materials to PJB Registrar:** Kellie Nazemi 5288 Denton Drive Lake Oswego OR 97035
- A confirmation e-mail will be sent within a week of receiving registration materials
- No partner required for clinics
- We reserve the right to refuse any registration or remove a player from any clinic or tournament
- Do not send tournament entry fees with clinic registration. Tournaments will be handled separately.
- **QUESTIONS:** send an e-mail to portlandjuniorbeach@gmail.com

CANCELLATION POLICY

- **50% OF YOUR PAYMENT IS NON-REFUNDABLE/NON-TRANSFERABLE UPON RECEIPT** (choose sessions wisely)
- **CANCELLATIONS WITHIN 1 WEEK OR NO-SHOWS WILL FORFEIT THE FULL COST OF THE SESSION**
- **If you need to cancel a session, contact us as soon as possible so we can invite another player to fill your spot**
- Cases of injury, illness and emergencies will be considered by the Program Director for partial or full reimbursement after first trying to move your player to another session
- Missed days CANNOT be made up in another session

SIGN AND DATE:

I understand and agree to the registration and cancellation policies, and all other rules/regulations set forth by Portland Junior Beach clinics/tournaments and the Delker Dunes' property owners (see top of page 3 for Delker rules).

*Player: _____ *Date: _____

*Parent/Guardian: _____ *Date: _____

MUST BE SIGNED TO PARTICIPATE IN PORTLAND JUNIOR BEACH CLINICS AND/OR TOURNAMENTS

2025 DELKER DUNES FACILITY RULES AND REGULATIONS

1. Players and spectators will **CARPOOL** whenever possible. The neighbors have requested fewer cars traveling on the property and shared driveway, so please be considerate.
2. **ABSOLUTELY NO PETS ALLOWED IN CARS ON THE PROPERTY.** You will be asked to leave the property and pick up your player at the mailbox by the main road.
3. Players, spectators and drivers dropping off players must **drive less than 10 MPH** on the property.

2025 PORTLAND JUNIOR BEACH & DELKER DUNES FACILITY LIABILITY WAIVER

I hereby release and agree to hold Portland Junior Beach Staff and Coaches and Delker Dunes property owners harmless from, and waive on behalf of myself, my heirs and any personal representatives any and all causes of action, claims, demands, damages, costs expenses and compensation for damage or loss to myself and/or property that may be caused by an act, or failure to act of Portland Junior Beach Staff and Coaches and Delker Dunes property owners, or that may otherwise arise in any way in connection with any services received from Portland Junior Beach Staff and Coaches and Delker Dunes Property Owners. I understand that this release discharges Portland Junior Beach Staff and Coaches and Delker Dunes property owners from any liability or claim that I, my heirs, or any personal representatives may have against the Portland Junior Beach program with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received by Portland Junior Beach Staff and Coaches and Delker Dunes property owners.

* **Player/Participant Signature:** _____ **Date:** _____

* **Parent/Guardian Signature:** _____ **Date:** _____

MUST BE SIGNED TO PARTICIPATE IN PORTLAND JUNIOR BEACH CLINICS AND/OR TOURNAMENTS

2025 PORTLAND JUNIOR BEACH SOCIAL MEDIA RELEASE

I hereby grant my permission for Portland Junior Beach to use photographs and/or videos taken during clinics, sessions and/or tournaments during the 2025 Season (May 19, 2025 – July 31, 2025) for posting on Portland Junior Beach social media accounts in Instagram and/or Facebook.

I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

I understand this is not required for participation and I may opt out (see below).

Player/Participant

Name: _____ Signature: _____ Date: _____

Parent/Guardian

Name: _____ Signature: _____ Date: _____

NOT REQUIRED for participation.

☐ Simply indicate here if you do not wish to have photos/videos posted, by checking the box

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: Portland Junior Beach Team Name: N/A
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: _____