

2026 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** \$90 checks for **EACH** session requested, **payable to Wendy Stammer**
(do not write one check for multiple sessions)
- Mail all registration materials to registrar: Shannon Davis, 3120 NE 29th Ave, Portland, OR 97212

SESSION SELECTION

YOUNGER Sessions (select sessions below)

Entering 7th, 8th, 9th grade in Fall 2026
 Sessions 1 - 4: time 4:30pm - 6:00pm
 Sessions 5 – 11: time 9:00am - 10:30am
 Cost: \$90 per session

Session 1 _____ May 18 & 20 (M/W)

Session 2 _____ May 27 & May 29 (W/***FRI***)

Session 3 _____ June 1 & 3 (M/W)

Session 4 _____ June 8 & 10 (M/W)

Session 5 _____ June 15 & 17 (M/W)

Session 6 _____ June 22 & 24 (M/W)

Session 7 _____ June 29 & July 1 (M/W)

Session 8 _____ July 6 & 8 (M/W)

Session 9 _____ July 13 & 15 (M/W)

Session 10 _____ July 20 & 22 (M/W)

Session 11 _____ July 27 & 29 (M/W)

EVENINGS



MORNINGS



OLDER Sessions (select sessions below)

Entering 10th, 11th, 12th grade in Fall 2026
 Sessions 1 – 4: time 6:00pm – 7:30pm
 Sessions 5 – 11: time 10:30am – 12:00pm
 Cost: \$90 per session

Session 1 _____ May 18 & 20 (M/W)

Session 2 _____ May 27 & May 29 (W/***FRI***)

Session 3 _____ June 1 & 3 (M/W)

Session 4 _____ June 8 & 10 (M/W)

Session 5 _____ June 15 & 17 (M/W)

Session 6 _____ June 22 & 24 (M/W)

Session 7 _____ June 29 & July 1 (M/W)

Session 8 _____ July 6 & 8 (M/W)

Session 9 _____ July 13 & 15 (M/W)

Session 10 _____ July 20 & 22 (M/W)

Session 11 _____ July 27 & 29 (M/W)

Office Use Only

received: _____

Registration Signatures
 Med Release Paid in Full
 Confirmation sent: _____

Pending items:

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____
 7 _____
 8 _____

Notes:

9 _____
 10 _____
 11 _____
 Beg _____

PROGRAM DETAILS

- **Location:** all sessions located at Delker Dunes (6210 Delker Road, Tualatin, OR)
- **Session Levels:** general guideline for session selection (program director may adjust based on skill or spot availability)
 - 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. 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**
 - If you sign up for multiple sessions you will need to write multiple \$90 checks
 - Please write the session number in the Memo section of each check
 - 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:** Shannon Davis, 3120 NE 29th Ave, Portland, OR 97212
- 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 are handled separately.
- **QUESTIONS?** E-mail portlandjuniorbeach@gmail.com

CANCELLATION POLICY

- **50% OF YOUR PAYMENT IS NON-REFUNDABLE/NON-TRANSFERABLE UPON RECEIPT** (choose sessions wisely)
- **CANCELLATIONS WITHIN 10 DAYS OF THE SESSION 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 for partial or full reimbursement after first trying to move your player to another session
- Missed days CANNOT be made up in another session. No substitutions allowed.

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

2026 DELKER DUNES FACILITY RULES AND REGULATIONS

1. 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. Pass this along to anyone who might be driving your player to Delker Dunes.
2. Players and spectators will **CARPOOL** whenever possible. The neighbors have requested fewer cars traveling on the property and shared driveway, so please be considerate.
3. Players, spectators, and drivers dropping off players must **drive less than 10 MPH** on the property.

2026 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

2026 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 2026 Season (May 18, 2026 – 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.

Check the box if you do not wish to have photos/videos posted on PJB social media.

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: _____