

Thank you! Coaching Staff

A1-Alliance Volleyball Academy Summer Sand Registration/Waiver (9 Weeks from June 09 – August 07, 2025)

Konkel Park (Morning sessions only)

Location areas serving: (Greenfield ~ Franklin ~ New Berlin ~ South Milwaukee & more) VOLLEYBALL ACADEMY

Participant's name:	_ Age on June 15 th : I	Fall Grade: M/F:
Address:	City:	Zip:
Parent's name: Cell	#: () Ho	ome #: ()
Parent's e-mail address:	Fall School Name:	
Emergency contact name:	Emergency contact phone r	number: ()
Doctor's name:Prim	ary Ins. Comp. for participar	nt:
Policy #: Medical	Conditions?	
*** Please circle the session you're registering for. Session 1 = Mon. & Wed. 8:15a. – 10:15a. Session 2 = Mon. & Wed. 10:30a. – 12:30p. Session 3 = Tues. & Thurs. 8:15a. – 10:15a. Session 4 = 10:30a. – 12:30p. Note: You are allowed to make up any missed sessions prior to or afterwards. T-Shirt sizes (Circle One): yS yM yL aS aM aL aXL (y=youth; a=adult) Please circle a size. A1-Alliance Volleyball Academy Registration Form & Waiver for Summer Volleyball Instructional Sessions: I give my child permission to participate in the A1-Alliance Volleyball Academy sessions and camps at Konkel Park: 5151 W Layton Ave., Greenfield, WI 53220 (Run by the City of Greenfield: 7325 W Forest Home Ave, Greenfield, WI 53220-3356). By signing this form I agree to the following terms and conditions: I am fully aware that participating in these volleyball sessions that minor or major injuries can occur. I, my executors, or other representatives recognize the risks involved in the sport of volleyball do hereby waive and release all rights and claims for damages that my child or I may have against A1-Alliance Volleyball Academy, Tim Janzen, it's coaching staff, City of Greenfield, Konkel Park, it's owners, administrators and staff if hurt as a result of participating in and or observing in these volleyball sessions and camps. If these sessions are held at any other locations the same provisions would also apply as stated. I certify the participant has full medical insurance with the company listed above and is a current and active Badger Region member. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described. Any limitations should be written and given to the volleyball coaches.		
If, during the course of the activities, my child should become obtain emergency medical/dental care. The participant/leg responsibility for the bills incurred. This waiver must be surrent *** USAV member prior to anyone participating in the course of the activities and the course of the activities, my child should be considered.	ome ill or sustain an injury, l al parent or guardian will as igned and be completely fille	hereby authorize you to sume full financial ed out along with being a
Parent/Guardian Signed:	Date	d:
Participant Signed:	Dated	d:
Fees: All Sessions (1 – 4) are \$300.00 each. Four (4) hours Tim Janzen. Note: We allow players to make up their misse Mail payment & form before June 07th to: Tim Janzen A1-For more info.: E-mail a1alliancevb@yahoo.com or TMail in registrations begin April 01, 2025. Thank you for your Volleyball! If you have any friends or teammates, please permaners of the Badger "Memberships". The memberships are available by the Baggion at 262.349.9785. Please email a copy of your Badger	ed sessions for any other see Alliance, 6010 West Port Ave ext 262.391.3335. First Come ur interest in A1-Alliance Sul ass this info. to them. Region website: Badgervolle adger Region as of May 01. Y	ssions/times we are running. e., Milwaukee WI 53223. e., First Serve. mmer Sand Instructional eyball.org and tab onto 'ou may also call the Badger

your first session. Note: Any current Junior members of the Badger Region or members from any volleyball club or schools are welcome to attend. Our summer sand instructional program does not compete for fall club players.