



Fall Volleyball League

Liberty Belle Volleyball Club has been offering young female athletes an opportunity to play during the fall. For over 35 years the Liberty Belle Volleyball Club has been geared for girls at all skill levels who would like to learn the game, improve their skills, and play. Please visit our website for our COVID 19 Guidelines.

Sunday's September 20th through November 15th
(Off October 25th)

Grades 5/6 Teams – Play times at 2:30pm
Grades 7/8 Teams – Play times at 4:00pm

Marple Sports Arena
611 Parkway Drive
Broomall, PA 19008

Cost Per Team - \$900 entire League season

Cost Per Individual - \$90 entire league*
Individuals will be drafted onto teams

Team Consists of 10 players and 1 coach

To Register and Pay

<u>Option 1</u>	or	<u>Option 2</u>
Print Form		Email Form to
Pay with Check		libertybellevbc@yahoo.com
Mail to: Bob Buchanan		Pay through Venmo at @liberty-belle-vbc
27 South Woodlawn Ave. Aldan, PA 19018		

All Payments Made out to LBVBC
Please indicate payments with Participants Name and Clinic in note

For More Information Please Contact Bob Buchanan at libertybell50@hotmail.com

Each team will receive an email confirmation regarding the receipt of registration and payment.
All teams are insured under USA Volleyball.



Fall Volleyball League Team Form

Team Name: _____ Coach's Name _____

Coaches Phone: _____ Email: _____

List all Information, indicate grade level for 2020-2021 and submit with Payment. Maximum 10 players and 1 Coach per team. \$900/team, \$90/individual. If you can not fill your team, individuals that sign up may be assigned to your team to play.

<u>Player Name</u>	<u>Phone #</u>	<u>Grade</u>	<u>Fee</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Coaches, please fill out as well as have each parent fill out the following waiver to be handed in on the first day of play.



Liberty Belle Volleyball Club Participation Waiver

By filling out this registration all participants and parent(s)/guardians agree to abide by and carry out the Liberty Belle Volleyball Club Health and Safety Plan as well as the Marple Sports Arena COVID-19 Athletics Health and Safety Plan. This plan may be revised based on additional guidelines from the CDC and/or the Pennsylvania Department of Health. Any revisions in plans will be communicated to the parents through email. Please see the Liberty Belle Volleyball Club website for our CoVID 19 plan.

Participants Information:

Player Name: _____

Age: _____ Grade: _____ School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Parent Name and Signature: _____