

2019 Youth Indoor Volleyball

CALIFORNIA HEAT VOLLEYBALL CLUB

Join our 2019 Heaters Program today

Experience Coed Indoor Volleyball

Take your Volleyball skills to the next level

Great for both New and Experienced Players

Season: There are 2 groups



9-11 Year Old

Fridays

January 11th - March 29th

4:00-6:00 pm

12-16 Year Old

Fridays

January 11th – March 29th

6:00-8:00 pm

Practice Location

“THE HEAT HUT”

ADAM/MAXWELL GYM

4740 CALLE CARGA

CAMARILLO, CA

Entrance is in rear of building

Please Do not disturb business in front of building

MAILING ADDRESS:

California Heat Volleyball Club Inc.

5021 Verdugo Way, Suite 105-310

Camarillo, CA 93012

For more information

Call 805 657-6700

Email: calheatvbc@gmail.com

www.californiaheatvbc.net

\$250.00 for Entire Season

Payments as follows:

\$125.00 with registration

\$125 due on 1st day of practice

NEW ONLINE REGISTRATION

ON OUR WEBSITE

**THERE IS LIMITED SPACE
GROUPS FILL UP FAST, SO REGISTER SOON**

DIRECTIONS TO NEW LOCATION

FROM VENTURA FREEWAY

EXIT SANTA ROSA/PLEASANT VALLEY

GO SOUTH ON PLEASANT VALLEY ROAD

TRAVEL .7 MILES

TURN LEFT ON PANCHO ROAD

TAKE THE 3RD LEFT ON CALLE CARGA

TURN RIGHT INTO 4th DRIVE WAY

GO TO THE BACK OF BUILD ON YOUR LEFT

IMPORTANT YOU WILL ENTER FROM THE BACK
SIDE OF THE BUILDING.



2019 **WINTER** HEATER REGISTRATION FORM

Ages 9 - 16

GYM LOCATION

4740 Calle Carga
Camarillo, CA 93012
Use Rear Entrance Only

Participants Name: _____

Home Phone# _____ Parent's Cell# _____

Address _____

City: _____ State: _____ Zip: _____

Parent's Email Address _____

Age: _____ Birthdate _____ Grade: _____ School _____

9-11 Year old Group 4-6 PM 12-16 year old Group 6-8 PM

Father's Name: _____ Mother's Name: _____

T-Shirt Size: YS _____ YM _____ YL _____ S _____ M _____ L _____ XL _____

Right or Left Handed _____ Height: _____

Any Volleyball Expreience: _____

How did you hear about our Heater Program?

WAIVER & PROGRAM PARTICIPATION

The undersigned hereby agrees to defend, indemnify, and hold harmless California Heat Volleyball Club and its coaches and director against any and all losses, liability charges, and expenses(including attorney fees), and costs which may arise by reason of participation in this program. (California Heat Volleyball Club does not provide accident, medical, liability, workers' compensation insurance, or any insurance for program participants.) As a parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I agree to pay any and all costs incurred as a result of said treatment. I agree to carefully inspect and satisfy for myself that the facilities provided are reasonably safe for their intended use. Once having conducted the inspection, I agree to expressly assume the risk of participation at the premises. I also assume the risk as a spectator at the premises. I understand the California Heat Volleyball Club retains the right to use photos taken during activities for publicity purpose.

Signature (Parent/Guardian) _____ Date: _____

SIGNATURE REQUIRED TO PROCESS REGISTRATION

CHECKS PAYABLE TO:

California Heat Volleyball Club Inc calheatvbc@gmail.com

Mailing Address: www.californiaheatvbc.net

MAIL CHECK & REGISTRATION FORM TO: 5021 Verdugo Way Suite 105-310 805 657-6700
There is limited enrollment, so register early Camarillo, CA 93012