



MISSION

To inspire a lifelong love of volleyball, while instilling the life values of sportsmanship, co-operation and perseverance through team competitions.

2019 Fall Co-ed Smashball Players & Parents (optional) ([Learn to Play Volleyball with a Smashball Twist](#))

Grades 2 to 6

Sept 20th – Oct. 18th

Sept 27th – PD Day – no Session

(Wednesdays and Fridays)

8 sessions

5:30 – 7:00

Wednesdays: Cathcart Boulevard Public School

1219 Cathcart Blvd, Sarnia, ON N7S 2H7

Fridays: Alexander Mackenzie Secondary School

1257 Michigan Ave, Sarnia, ON N7S 3Y3

\$80.00 - includes team shirt

Make cheques payable to Twin Bridges VBC

E-transfer twinbridgesvbc@gmail.com

What to bring:

- Water bottle
- Shirt & Shorts
- Knee pads (if you have them)
- Clean court shoes (put them on when you arrive)
- No jewelry (rings, watches, earrings, etc.)

Arrive 15 mins early to get ready.

Registration:

Online at www.twinbridgesvbc.ca

Inquiries about Twin Bridges Volleyball Club please email us at: twinbridgesvbc@gmail.com



Sarnia Twin Bridges Volleyball Club



@twinbridgesvbc

Website: www.twinbridgesvbc.ca



League: Fall Spring Beach

Travel: U12 U13 U14 U15 U16 U17 U18

Clinic:

First Name:

Last Name:

Gender: Male Female

Health Card #

Phone #:

Address:

Email Address:

School:

Grade:

Birth Date DD/MM/YY: / /

Email:

Mother's Name:

Cell #:

Email:

Father's Name:

Cell #:

Medical Conditions or allergies:

Shirt Size (Adult): S M L XL

Shoe Size _____

Shirt Size (Youth): S M L

Short Size (Adult): XXS XS S M L XL

New Player with this Club: Y N

Payment: Cash Cheque

- ☐ I acknowledge that there are inherent risks associated with participating in the sport of volleyball.
- ☐ By signing this form, I agree to not hold Twin Bridges Volleyball Club or its coaches responsible for any injury or damages caused by my participation in activities associated with this Club.
- ☐ I will allow Twin Bridges Volleyball to take pictures of me for purpose of promoting the sport of volleyball, through their website and Facebook page.
- ☐ Furthermore, with respect to the Twin Bridges Volleyball Club, I acknowledge that any activities I participate in; are of my own free will and volition.

If under 18 must be signed by parent or guardian.

Signature:

Date:

Note: Parents must sign this permission form before any player will be allowed to try out for a travel team.

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