



# Topspin Volleyball Association

## 2010 Outdoor Volleyball League

TUESDAYS  
**CO-ED 3s/4s CHALLENGE**  
(Sign up as a team of 3 or 4)  
Can 1 extra player on the court make the difference?  
  
Spring: May 4th - June 29th  
Summer: July 6th - August 31st  
  
Cost: \$45/player (Co-ed 3s: \$135.00/team; Co-ed 4s \$180/team)

**LOCATION?** Beckwith Park (Beckwith Ave. just of Quadra St.)

**TIME?** All leagues begin at 6:30 pm and will end approximately 8:30 pm.

**RAIN OUT POLICY?** If there are more than two rainout play days, you will receive \$5/player for each subsequent rainout play day.

**CONTACT INFORMATION?** Web: [Topspinvball.com](http://Topspinvball.com), Phone: 250.883.3854  
Email: [fuji@topspinvball.com](mailto:fuji@topspinvball.com)

If you are interested in registering a team, please complete the form and return to Courtside Sports along with payment, or bring the registration form with your payment to your gym coordinator.



[topspinvball.com](http://topspinvball.com) [fuji@topspinvball.com](mailto:fuji@topspinvball.com) Tel: 25.883.3854



**DISCLAIMER** - As a condition of playing in the TopSpin Outdoor Volleyball League, each player assumes all risk of personal injury or property loss resulting from any cause whatsoever including but not limited to playing the sport of volleyball or participating in any sporting event held by TopSpin Volleyball Association. Each player agrees that TopSpin Volleyball Association shall not be liable for any such personal injury or property loss and releases TopSpin Volleyball Association and its employees, agents, representatives, sponsors, successors and assigns from and against any and all claims with respect thereto. By providing your initials below, you hereby agree to the terms and conditions of this disclaimer.

Team Name: \_\_\_\_\_

SpringSession       Summer Session

Player 1 (Captain): _____	Email: _____	Phone: _____	_____
			Initials
Player 2: _____	Email: _____	Phone: _____	_____
			Initials
Player 3: _____	Email: _____	Phone: _____	_____
			Initials
Player 4: _____	Email: _____	Phone: _____	_____
			Initials

Skill Level:      Beginner    1    2    3    4    5    Competitive

\*\*Please make cheques payable to TopSpin Volleyball Association

Payment remitted: \_\_\_\_\_