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|  | **Iowa Volleyball Region** |  | 8170 Hickman Rd, Ste 5 Clive, IA 50325-4400 Phone: 515-727-1860 Fax: 515-727-1861 |
| **League Only Team Waiver Form** Updated: December 11, 2017 | | | |

**Email to:** [carol@iavbreg.org](mailto:carol@iavbreg.org) or mail or fax to address/fax above.

Form due no later than 2 weeks before 1st event.

**TEAM NAME:**  *(League needs to be in name.)*

Team Gender:  Female  Male

**League Team Level:**  **12th – 18u**  **11th – 17u**  **10th – 16u**  **9th – 15u  8th – 14u**

**7th – 13u**  **6th – 12u**  **5th – 11u**  **4th – 10u**  **\_\_\_\_\_\_\_\_\_**

**CLUB NAME:**

**CLUB DIRECTOR**: Day Phone:

Email:

**TEAM REP:** Day Phone:

Email:

* **Please list only the players to be added by region staff to this League only team roster.**
* \*Club Directors and administrators are able to add players with regular full memberships to league teams themselves on WebPoint.
* **UNIFORM NUMBERS ARE REQUIRED** as they need to be added by the office staff.
* ***Note*:** *11u Girls and younger, Boys; and 8 & younger girls or boys should use their full member option instead of the league only. They are eligible for tournament play with a full membership.*
* **New 2017/18:** Allowed to play as team in two (2) Silver level tournaments.

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| **Uniform Number** | **League Only Team Players** | | **Birth Month**  **& Year** | **Grade** |
| **Required** | **First Name** | **Last Name** |
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