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

**Email to:** 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.

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