



# Topspin Volleyball Association

## 2024 Outdoor Volleyball League

<p><b>TUESDAYS</b>  <b>CO-ED 3s/4s CHALLENGE</b>          (Sign up as a team of 3 or 4)          Can 1 extra player on the court make the difference?          COST: Co-ed 3s: \$240/team; Co-ed 4s \$320/team</p>	<p>SPRING SESSION: May – June          SUMMER SESSION: July – August</p> <p>LOCATION: Beckwith Park (Beckwith Ave. just off Quadra St.)          TIME: All leagues begin at 6:30 pm and will end approximately 8:30 pm (or when it gets dark).</p>
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**CONTACT INFORMATION:** Website: [topspinvball.com](http://topspinvball.com) Phone: 250.883.3854  
 Email: [fuji@topspinvball.com](mailto:fuji@topspinvball.com) or [bruce@topspinvball.com](mailto:bruce@topspinvball.com)

If you are interested in registering a team, please complete this registration form and bring the form with your payment to the Topspin Volleyball league.



[topspinvball.com](http://topspinvball.com) [fuji@topspinvball.com](mailto:fuji@topspinvball.com) or [bruce@topspinvball.com](mailto:bruce@topspinvball.com) Tel: 250.883.3854

**WAIVER/DISCLAIMER** - AS A CONDITION OF PLAYING IN ANY TOPSPIN VOLLEYBALL ORGANIZED LEAGUE OR EVENT, EACH PARTICIPANT AGREES TO AND ASSUMES ALL RISK OF PERSONAL INJURY, INFECTION, OR PROPERTY LOSS/DAMAGE RESULTING FROM ANY CAUSE WHATSOEVER INCLUDING BUT NOT LIMITED TO PLAYING THE SPORT OF VOLLEYBALL OR PARTICIPATING IN ANY SPORTING EVENT OR LEAGUE HELD BY TOPSPIN VOLLEYBALL ASSOCIATION. EACH PARTICIPANT AGREES THAT TOPSPIN VOLLEYBALL ASSOCIATION SHALL NOT BE HELD RESPONSIBLE AND/OR LIABLE FOR ANY SUCH PERSONAL INJURY, INFECTION INCLUDING WITHOUT LIMITATION COVID-19, OR PROPERTY LOSS/DAMAGE AND RELEASES TOPSPIN VOLLEYBALL ASSOCIATION AND ITS DIRECTORS, REPRESENTATIVES, AND SPONSORS FROM AND AGAINST ANY AND ALL CLAIMS THAT HE/SHE/THEY MAY HAVE AGAINST TOPSPIN VOLLEYBALL ASSOCIATION.

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

Spring Session                       Summer Session

Player 1 (Captain): _____	Email: _____	Phone: _____	_____
Player 2: _____	Email: _____	Phone: _____	Initials
Player 3: _____	Email: _____	Phone: _____	Initials
Player 4: _____	Email: _____	Phone: _____	Initials
Player 5: _____	Email: _____	Phone: _____	Initials
Player 6: _____	Email: _____	Phone: _____	Initials
Player 7: _____	Email: _____	Phone: _____	Initials

Skill Level:      Beginner    1    2    3    4    5    6    7    8    Competitive

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

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