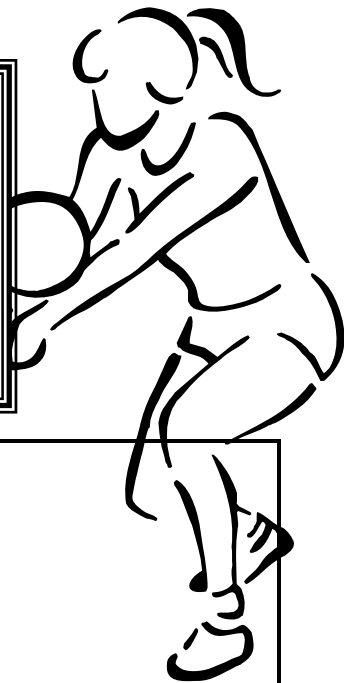




PSA POWER VOLLEYBALL



The **PSA Power League** was created to provide volleyball players the ability to play at a higher competition level without the club commitment and expense. This league offers paid coaches, a uniform package, extended practice time and intra-league matches.

Team Names:

- | | |
|-------------|----------|
| Xceleration | Impact |
| StrikeForce | Xplosion |
| Infusion | Attack |

Tryout Information:

Date: Saturday, August 16th
 Time: 3:00 to 5:00pm
 Place: PSA StarCenter
 Cost: \$20.00 - Cash or Check Only

Players will be put through a series of drills to assess their skill level. Offers will be given and teams filled at tryouts.

League Information:

Six teams will be formed. Players will be selected based on skill level and position.

Each team will:

- Practice once a week for two hours at the PSA StarCenter
- Play six matches with other teams in their age level.
- Have a Impact certified paid coach

Fees:

Season Fees: \$385 - Check, Visa, Mastercard, Discover, American Express

Payment Plans: \$250 due at signing. \$135 due October 1st
 (To qualify for payment plan, must use credit card or post dated check)

Fee includes:

- Coaches Salary
- Equipment (balls, cart)
- Uniform Package—Jersey, shorts, socks and bag
- Practice and Game Court Rental

Age Definitions:

Teams will be formed by grade level.

PSA Power Coaches:

- Amber Spencer
- Monika Sabol
- Eric Oleson
- Kyla Howell
- Bruce Lambdin
- Caitlin Seabaugh

Players should come to tryouts dressed appropriately for practice. Kneepads should be worn. Balls for tryouts will be provided.

Pre-registration will be accepted at the PSA StarCenter.

2008 PSA POWER LEAGUE REGISTRATION FORM

Tag #: _____

T-shirt size: _____
(YL, AS, AM, AL, AXL)

Name: _____
(First, Middle, Last)

Position: _____
Setter/Hitter/Middle Blocker/Unknown

Athlete's Date Of Birth: _____ Grade: _____ School: _____

Home Address: _____
Address _____ City _____ Zip _____

Parent/Guardian's Names: _____

Parent/Guardian's Address: _____
(If different than athlete's.) Address _____ City _____ Zip _____

Phone numbers: _____
Home _____ Cell _____ Work _____

E-mails: _____
Parent _____ Athlete _____

Are you will to play another position if necessary to make a team? Yes No

Years of PSA or Club volleyball experience:
Former Clubs: _____

Awards: _____
Athletic _____
Academic _____

Briefly: Why do you want to play Power League volleyball?

How did you hear about PSA Power League volleyball?

