

# SportVolleyball

## All-Skills Clinic Application

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### Registration Information

- The clinic will run four hours during a time scheduled by the gym administrator
- The number of participants allowed will depend on gym resources (volleyballs, courts, adequate space)
- Questions about the skill clinic can be directed to Sarah Dillingham at sarah@sportvolleyball.com or (903)245-6565.

### Participant Information

Name	
Age	
High School	
Grade (Fall '10)	
Contact Phone Number	

### Clinic Fee

Please include a check or money order in the amount of \$30.00 made payable to SportVolleyball. Send camp fee and application to:

PO Box 132812  
Tyler, TX 75713

### Contact to Notify in Case of Emergency

Name	
Emergency Phone Number	

### Parent Agreement and Signature

I, and my heirs, in consideration of my child's participation in the SportVolleyball Skill Clinic hereby release SportVolleyball, Inc., its officers, and any other people officially connected with this event, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating in this event. I am aware of the risks of participation, which include, but are not limited to, sprained muscles and ligaments, broken bones and fatigue. I hereby state that my child is in sufficient physical condition to accept a rigorous level of physical activity. I verify that I will be responsible for any medical costs I incur as a result of my participation.

Name (printed)	
Signature	
Date	