



Grove City Volleyball – Youth Clinic

We would like to invite you to come to our volleyball clinic for upcoming 5th – 8th graders. The clinic will be focused on strengthening the player’s fundamental volleyball skills as well as proper techniques. This is an excellent opportunity to learn and improve on your skills and prepare you for the upcoming fall season.

Date: July 25 & 26, 6:30pm – 8:30pm

Cost: \$40 per player

Location: Grove City H.S. Main Gym

Registration: Early registration can be turned in to our coaching staff at any of our open gyms during the summer. We’ll be at GCHS (main gym or rec. center) every Monday, Wednesday, & Thursday from 5:00pm-7:00pm in June & July. Registration at the door on the first day of the clinic will begin at 5:30pm.

Please make check payable to: *Grove City Athletic Boosters*

Come dressed and ready to play! Any questions please contact Coach Pham.

Email: grovecityvb@gmail.com

Parents: Please fill out and submit with the appropriate fee (made out to *Grove City Athletic Boosters*).

Name: _____ (Please print)

Age: _____ **Grade in Fall 2018:** _____ **School:** _____

Home Address: _____

City: _____ **Zip Code:** _____

Person to contact in case of emergency

Name: _____ **Relationship:** _____ **Phone:** _____

Please note any medical conditions we should be aware of:

Release Information:

In consideration of the acceptance of this application, I, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against Grove City HS Volleyball or its representatives and or assignees, for any and all damages which may be sustained and suffered by me in connections with my association with or entry in this clinic, and which may arise out of my traveling to, participating in or returning from the clinic. Parent(s)/guardian authorize Grove City HS Volleyball to act in the best interest of the applicant, in Clinic Directors’ discretion, in event of injury to the applicant.

Parent or Legal Guardian: _____ (Print name)

Signed: _____

Date: _____

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|------------------------|
| GCHSVB Use Only |
| Registration #: _____ |
| Amount: _____ |
| Check #: _____ |