



Spring 2015 Youth Volleyball Clinic



Brought to you by Spiketown Volleyball Club and Junior Comet Sports

This three-day clinic will offer volleyball instruction for 4th-8th grade girls and boys. Players of all skill levels are welcome. Players will be divided and coached based on individual skill level. Clinic will be coached by friendly, knowledgeable staff. Staff will include Spiketown VBC coaches and experienced players.

Clinic Dates:

Wednesday, April 15th, 5:30pm-8:00pm

Wednesday, April 22nd, 5:30pm-8:00pm

Saturday, April 25th, 9:00am-12:00pm

Grades: 4th – 8th grade (girls & boys)

Cost:

\$55 (pre-register by Friday, April 10th)

\$65 (registered after Friday, April 10th)

All clinic sessions will be at:

McLoughlin Middle School Gym
320 W 2nd St, Medford OR 97501

Sibling Discount of \$10 for each additional sibling

An event T-shirt will be available for purchase – Cost \$12

SPACE IS LIMITED – REGISTER EARLY!

**Note: At the door clinic registration is open if space is available
(Registration opens 45 minutes prior to start of clinic)**

*Complete the form below and mail with payment to: PO Box 3371, Central Point, OR 97502. Must be postmarked by Friday, April 10th to be considered pre-registered.

*Please make checks payable to: Spiketown Volleyball Club

*For more information, please visit www.clubspiketown.com or contact Carmen@clubspiketown.com

Player Name: _____ **Years of Experience:** _____ **Grade:** _____

Address: _____ **City:** _____ **Zip:** _____

Parent Name: _____ **Phone:** _____ **E-mail:** _____

Health Insurance Provider: _____ **Policy #** _____

I acknowledge and fully understand that engaging in sports activity involves risks and possible injuries. By signing below, I hereby WAIVE AND RELEASE, Spiketown Volleyball Club, Jr. Comet Sports, and its affiliates, from any and all claims for damages and injury, known or unknown, that I may have against them arising from my participation in this activity and consent to emergency medical care provided by medical personnel.

Participant Name: _____ Signature: _____ Date: _____

Parent Name: _____ Signature: _____ Date: _____