



2011-12 - YOUTH VOLLEYBALL CLINIC REGISTRATION

**YOU MUST ALSO EMAIL *PLAYER INFO & CLINIC REGISTRATION* TO
tjvolley@earthlink.net**

PLAYER INFORMATION

PLAYER NAME: _____ PLAYER GRADE: _____

PARENT EMAIL ADDRESS: _____

PHONE #s TO CALL FOR INFO or EMERGENCIES: _____

CLINIC REGISTRATION - please check the sessions you are attending:

SUNDAY, Dec. 11 SUNDAY, Jan. 8 SATURDAY, Jan. 21 SATURDAY, Feb. 4

ALL SESSIONS are 9 am-12 pm at South Metro Sports (10561 Success Lane - Centerville, OH 45458)

CLINIC PAYMENT - please select amount you have enclosed (**checks payable to: AiR CiTY CHiCKs**)

1 session only = \$35 2 sessions = \$65 3 sessions = \$95 4 sessions = \$120

CANCELLATION POLICIES - please use the following email address: **tjvolley@earthlink.net**

- 1) SINGLE SESSION REGISTRANTS: Cancellation must be received via email ONE WEEK prior to session in order to receive full refund. Refunds will be mailed the second week of February.
- 2) MULTIPLE SESSION REGISTRANTS: Cancellation must be received via email ONE WEEK prior to your FIRST session in order to receive a full refund. After attending your first session, if you cancel any future session, NO REFUND will be issued. You may send a replacement. Refunds will be mailed the second week of February.

LIABILITY RELEASE SECTION

I, the undersigned, individually and as a parent/guardian of: _____,
a minor, acknowledge that volleyball, like any sporting event, is an extreme test of a person's physical and mental limits and that said minor's participation in the AiR CiTY CHiCKs Volleyball Clinic could cause property damage, serious injury, or potential death. With a full understanding of the potential risks, I hereby assume the risks of the said minor's participation in the AiR CiTY CHiCKs Volleyball Clinic at South Metro Sports.

In consideration of such assumption, I do hereby agree to release, discharge, and hold harmless AiR CiTY CHiCKs Volleyball club and South Metro Sports; their officers, agents and employees of and from any and all claims or liabilities whatsoever on account of any personal injury or accident or death or damages of any kind involving said minor arising out of the minor's attendance and participation in the AiR CiTY CHiCKs Volleyball Clinic or in the course of activities held in connection with the AiR CiTY CHiCKs Volleyball Clinic.

Parent/Guardian Signature

Date

PRINT, COMPLETE & MAIL THIS FORM WITH PAYMENT TO:

AiR CiTY CHiCKs - 94 Lownes Ct. - Springboro, OH 45066