



COAST TO COAST VOLLEYBALL CLINIC REGISTRATION FORM

MONDAY JULY 24 - THURSDAY JULY 27

Beginner Clinic

Intermediate/Advanced Clinic

Beginner Clinic

9am - 11:30am.

12pm - 2:30pm

4pm - 6:30pm

@ ST. JULIANA'S GYM

Athlete Name:

Parent Name:

Parent Phone Number: **Parent Email:**

Emergency Contact Name & Phone Number:

Insurance Carrier & Policy Number:

Clinic:	Beginner	Intermediate/Advanced	Boys
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Early Registration by June 1, 2017:	Yes	No
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T-Shirt Size:	Y-Large	Y-XL	Adult Small	Adult Medium	Adult Large	Adult XL
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**Please send check payable to COAST TO COAST VOLLEYBALL & return with completed form to:
 COAST TO COAST VOLLEYBALL
 5005 City Street #1337, Orlando, FL 32839**

I, the undersigned, do hereby consent to our child's participation in the Coast to Coast Volleyball Clinic. Our child is in good medical health and can participate in all activities. I hereby authorize the staff of the Clinic to act for me according to their best judgement in any emergency requiring medical attention, and I hereby waive and release the agents, employees, and any other associated with Coast to Coast Volleyball and from any and all liability for all accident or injury sustained by our child in connection with the Clinic. I also understand that the Clinic retains the right to use for publicity and advertising purposes photographs of players taken during the Clinic. I waive and release any and all rights and claims for damages which may be sustained and suffered by my child in connections with association or entry of this Clinic, and which may arise out of traveling to, participating in or returning from the Clinic.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____