Delta Valley Volleyball Club
2010 Summer Clinic Registration Form

Note: This form only needs to be filled out once.
Complete the sign in sheet at future clinics.
Clinic cost is $20.00 per session. Please make checks payable to:

Richard Chan

*Name*_____
First *Middle* *Last*

*Address*_____
Street *City* *State* *Zip*

*Home Phone*_____ *Email*_____

*Emergency/Cell Phone*_____

*Birthday*_____ *Age*___ *Grade as of fall 2010*____ *School*_____

Volleyball Experience

Years played _____ *Position(s)* _____
*Club Experience Years*____ *Club Team(s)* _____
Junior High / High School Experience
*6/7/8 Grade*____ *Freshmen Team*_____ *JV*_____ *Varsity*_____

Medical Information

Please note any medical conditions we should be aware of:

_____

Medical Insurance Name & Policy #:

_____

I hereby authorize the staff of the Delta Valley Volleyball Clinic to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive, release, absolve, indemnify, and agree to hold harmless the Delta Valley Volleyball Clinic, its staff, suppliers, sponsors, participants, or Lodi Academy for any and all liability of any injuries, illness, or death incurred while at the clinic. I acknowledge that participation in this clinic may result in accidents and/or injuries. Even though I know there are risks involved, I still give my approval for the above named player to participate in any and all clinic activities and I expressly assume all risks and hazards incidental to such participation. I have no knowledge of any physical impairment that would be affected by the above named player's participation in the clinic program, as outlined in the brochure.

Parent or Guardian's Signature & Print Name

_____ _____ _____
Signature *Print* *Date*