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**SHARKS VOLLEYBALL JANUARY CLINIC 2023**

**Friday January 20th 5:30-7:30pm**

Come spend your Friday night with US! A concentrated time to get some skill improvement before season starts! This is a structured clinic designed to jump start your skills for club season! This clinic will be headed up by our master coaches and is open to all players and the cost is $40.

Pre-registration IS required.

PLEAE NOTE: YOU WILL RECEIVE EMAIL CONFIRMATION OF YOUR REGISTRATION

**-PLAYER INFORMATION-**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_

**-CONTACT INFORMATION-**

Parent Name (s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(for registration confirmation)

Emergency phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Another contact number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY MEDICAL RELEASE**

In the event that reasonable attempts have been made to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the medical providers listed below. If these designees are not available, I further give consent to the transfer of my child to the hospital listed below (or any reasonably accessible hospital).

Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dentist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIABILITY RELEASE**

I, the undersigned, as a parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor, ask that he/she be admitted to participate in the Sharks Volleyball. In consideration of this admission, I do agree to release, discharge, and hold harmless Sharks Volleyball and Game Time Sports Center, their officers, agents and employees of and from all causes, liabilities, claims, damages, or demands whatsoever on account of any injury or accident involving said minor during minor’s participation in the Sharks Volleyball or during activities held in connection with the clinic.

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please make checks payable to SHARKS VOLLEYBALL**