



Mini Elite Clinic Registration

Player Name: _____

Birthdate: _____ Grade: _____

School: _____

Parent/Guardian Name: _____

Parent/Guardian Cell Number: _____

Parent/Guardian Email Address: _____

Alternate Emergency Name and Number: _____

I hereby authorize the staff of Eastern Elite Volleyball to act according to their best judgement in any emergency requiring medical attention. I waive and release Eastern Elite Volleyball and staff from any injuries or illnesses incurred while participating. I have no knowledge of any physical impairment that would be affected by the above child's participation in the program. I grant permission to Eastern Elite Volleyball Club the right to use photographs taken of the athlete above for promotional use on its website, social media pages, in printed materials, and other promotional activities.

Parent/Guardian Name (please print) _____ Date _____

Parent/Guardian Signature _____ Date _____

September Clinics

_____ September 5

_____ September 19

_____ September 7

_____ September 21

_____ September 12

_____ September 26

_____ September 14

Each session runs 5:30-7:00 pm

doors open at 5:15 pm

All clinics are \$20 each *OR* attend 3 clinics for \$50

For more information regarding Eastern Elite clinics please visit:

www.easternelitevolleyball.org