



# High School Skills Clinic Registration Form

Player Name:		Position:
Player Cell Number:		
Player Email Address:		
School:	Grade:	
Parent/Guardian Name:		
Parent/Guardian Email Address:		
Parent/Guardian Cell Number:		

In consideration of my involvement with Eastern Elite Volleyball, I acknowledge and agree that I risk bodily injury, including paralysis, dismemberment and death, as well as loss of or damage to property; I knowingly and freely assume all such risk. I for myself, and on behalf of my heirs and next of kin, hereby release, hold harmless and assure not to sue USA Volleyball, Eastern Elite Volleyball Club, Carolina Region Volleyball, Amateur Athletic Union, Perry Real Estate, nor the officers, administrators, agents, employees, coaches, volunteers, staff and other representatives of the above-mentioned organizations with respect to any and all such issues.

Player's Signature \_\_\_\_\_ Date \_\_\_\_\_

This is to certify that I, as parent/guardian of this above participant, also agree to the above statements regarding risks and liability and do consent to his/her release of USA Volleyball, Eastern Elite Volleyball, Carolina Region Volleyball, Amateur Athletic Union, Perry Real Estate, and all officers, administrators, official agents, employees, coaches, staff, volunteers and other representatives from organizations listed above from any and all liabilities incident to my child's involvement in the programs conducted by Eastern Elite Volleyball, USA Volleyball and its Regional Volleyball Associations.

Parent/Guardian Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

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

**Please select sessions you will be attending:**

\_\_\_\_\_ **Tuesday, July 27**      \_\_\_\_\_ **Wednesday, July 28**      \_\_\_\_\_ **Thursday, July 29**

**each session is \$20 - or attend all 3 sessions for \$50**

**All sessions will be held from 8:30-10:30 am, doors will open at 8:15 am for registration.**