

Capitol Sports Center and the Circle City Volleyball Club present the

# FALL & WINTER CLINICS

## Volleyball Registration Form

Lance Keating, Scott McQueen, Chris Due, Carl Lucas, Rebekah Pallikan, Kristine Wheeler and other Circle City coaches will be running the 2009 Fall & Winter Clinics. Lance is the head coach for 18-1s at Circle City. The team qualified for the 18 Open Division this past season and competed against the top teams in the country, finishing fifth overall. Scott is the head coach at Avon High School and the 14-1s at Circle City. They won the 2009 Hoosier Regional Championships and finished a respectable 26th at the 2009 USA Junior National Championships this past July.

All sessions are available for 3rd through 8th graders. Sessions times will run from 2-3:30pm in September, October and December. November sessions will run from 1-2:30pm. The cost for each session is \$75 and will include a camp T-shirt. Call Lance at (317) 839-5222 or email [lkeating@capitolsportscenter.com](mailto:lkeating@capitolsportscenter.com) if you have any questions.

Complete the following and mail it along with payment to: Capitol Sports Center, 1915 Gladden Road, Plainfield, Indiana 46168

### CHECK APPROPRIATE SESSION(S)

_____ Session 1	_____ Session 2	_____ Session 3	_____ Session 4
September 6 September 13 September 20 September 27	October 4 October 11 October 18 October 25	November 1 November 8 November 15 November 22	December 6 December 13 December 20 December 27

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Position: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

**Note:** This form must be read and signed before any participant is allowed to take part in any session. By signing this form, the participant's parent/guardian affirms having read it. Sponsoring Organization: Capitol Sports Center. In consideration of my involvement under the auspices of the sponsoring organization, I acknowledge and agree that:

1. Participants risk bodily injury, including paralysis, dismemberment and death, as well as loss or damage to property.
2. I knowingly and freely assume all such risks: and
3. I, for myself and on behalf of all my heirs, assigns, and next of kin, hereby release hold and promise not to sue the Capitol Sports Center, its officers, official agents and/or employees, with respect of any and all such injury, paralysis, dismemberment, death and/or loss of or damage to property except that which is a result of gross negligence and/or wanton misconduct.

*I have read the above and release, and understand that I have given up substantial rights by signing it.*

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

Parent / Guardian Printed Name: \_\_\_\_\_