

Capitol Sports Center and the Circle City Volleyball Club present the

FALL & WINTER CLINICS

2010 Volleyball Registration Form

Chris Due will be in charge of running our fall and winter clinics in 2010. Chris is fresh off of a 5th place finish at USA Junior Nationals as the Head Coach of our 13-1s. He also helped coach our 18-1s to a 5th place finish at AAU Nationals last year. Chris will be assisted by other Circle City coaches.

Each session will cover all skills. Players will be divided after the first day by age and ability to assure that the camp is appropriate for each player. All sessions are available for 3rd through 8th graders and will include a camp T-shirt. Sessions times will run from 2-3:30pm in September, October and December. November sessions will run from 1-2:30pm. The cost for sessions from September through November is \$75 and December is \$60. Call Lance at (317) 839-5222 or email 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 5 September 12 September 19 September 26	October 3 October 10 October 17 October 24	November 7 November 14 November 21 November 28	December 5 December 12 December 19

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: _____