

Capitol Sports Center and the Circle City Volleyball Club present the

# FALL & WINTER CLINICS

## 2011 Volleyball Registration Form

These clinics are open to players of all ability levels. Learn the fundamentals, develop correct techniques and increase your game play experience. Every facet of the game is covered, giving you a solid skill foundation to build upon after each clinic.

Circle City is offering four sessions for the Fall & Winter Clinic series. 1<sup>st</sup> thru 6<sup>th</sup> graders will be from 1-2:30pm and 7<sup>th</sup> thru 8<sup>th</sup> graders will be from 3-4:30pm. All sessions include a camp T-shirt. The cost for each session is \$75 for September and November, \$90 for October and \$60 for December. 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 (\$75)	___ Session 2 (\$90)	___ Session 3 (\$75)	___ Session 4 (\$60)
September 4 September 11 September 18 September 25	October 2 October 9 October 16 October 23 October 30	November 6 November 13 November 20 November 27	December 4 December 11 December 18

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: \_\_\_\_\_