



Capitol Sports Center and the Circle City Volleyball Club present the

FALL CLINIC SERIES

2017 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 three sessions for the Fall Clinic Series. 1st thru 6th graders will be from 12:30-2pm and 7th thru 8th graders will be from 2:30-4pm. All sessions include a camp T-shirt. The cost for each session 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

| ___ Session 1 (\$60) | ___ Session 2 (\$60) | ___ Session 3 (\$60) |
|------------------------|----------------------|----------------------|
| September 10, 17, & 24 | October 1, 8, & 15 | December 3, 10, & 17 |

Participant Name: _____

Contact 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: _____