

## Aspire Volleyball Club Advanced Competitive Skills Clinic Registration Form

Aspire Competitive Skills Clinic will be held for the 3 days: July 26, 27 and 28 at the Aspire Volleyball facility located at 8350 S. Kyrene Rd. Suite 107 Tempe, AZ 85284. The cost for this 3 day clinic is \$110 per participant.

7th and 8th graders: 4:30pm til 6:30pm

High School age participants: 6:30pm til 8:30pm

Payment for the Aspire 3 day Competitive Skills clinic along with the signed registration form can be mailed to the following address:

Aspire Volleyball Club  
7610 S. Oak St.  
Tempe, AZ 85284

Player/Participant's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Grade (this fall) \_\_\_\_\_

School \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

Current member of USA Volleyball (did you play club volleyball this year Y/N) \_\_\_\_\_

If yes, what club/team did you play for? \_\_\_\_\_

*If no, you will be required to fill out a temporary membership form for the USA Volleyball Organization. This will be provided at check-in on the first night of the clinic.*

By registering for this clinic, you agree to the following:

This agreement is not assignable or transferable by the player. By use of the facilities provided by the Aspire Volleyball Club, the player and her parent expressly agrees that the Aspire Volleyball Club shall not be liable for any damages arising from personal injuries sustained by the player or her guest(s) in, or about the premises of said facilities and further agrees the Aspire Volleyball Club shall not be liable for any loss or theft of personal property. Player assumes full responsibility for any injuries, damages or losses which may occur to the player or guest, in or about the premises of said facilities and does hereby fully and forever release and discharge the Aspire Volleyball Club, owners, employees and agents from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out of the player's or guest's use or intended use of said facilities or the facilities and equipment thereof provided, however, that nothing contained shall release or discharge the Aspire Volleyball Club from its negligence or the negligence of its employees, or officers.

Player warrants, represents and agrees that the player is in good physical condition and that she has no disability, impairment or ailment that prevents her from engaging in active or passive exercise that will be detrimental to her health, safety, comfort of physical condition if she does so engage or participate. It is recommended that everyone consult her own physician before beginning any exercise program. Players shall not be relieved of their obligations to make any payment herein agreed to and no deduction or allowance from said payments shall be made by reason of the absence or withdrawal of the player from the clinic or by reason of the player's failure to attend or use the facility.

Understanding the stipulations and having discussed these with my daughter, I agree to support her participation in the Aspire Volleyball Club's clinic.

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

\_\_\_\_\_  
Date