

Aspire Volleyball Club June Clinic Registration Form

Aspire June Volleyball Clinics will be held for 4 Monday nights: 6/7, 6/14, 6/21, 6/28 at the Aspire Volleyball Facility located at 8350 S. Kyrene Rd. Suite 107 Tempe AZ 85284. These clinics will focus on fundamental volleyball skill development.

Grades 4th – 6th: 5pm til 6:30pm

Grades 7th – 9th: 7Pm til 8:30pm

The cost for these 4 day clinics in June is \$100 per participant due prior to the start of the first clinic. Payment 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