



NOV CLINIC REGISTRATION FORM
TUES NOV 8, 15, 22 7-9PM (stay and play til 9:30)
SAT NOV 12 noon – 2pm (stay and play til 2:30)
REGISTER FOR 1, 2, 3, OR ALL 4 SESSIONS
(boys are welcome, but instruction will be on girls height net)

COST: \$35* per 2 ½ hr clinic if you pre-register for 3 sessions (\$105) or 4 (\$140)
\$40* per 2 ½ hr clinic if you pre-register for 1 (\$40) or 2 (\$80) sessions

HELD AT LOWELL CATHOLIC – 530 Stevens St, Lowell (Rt 110, off Rt 3)

Check all that you would like to attend

___ Tues Nov 8 (7-9:30pm) ___ Tues Nov 15 ___ Tues Nov 22 ___ Sat Nov 12(noon-2:30)

Name: _____ **Grade** _____ **Date of Birth** _____ **Gender:** M F

Parent/Guardian _____

Address: _____

City: _____ **State:** _____ **Zip** _____
 (home)

Phone (cell) _____ **Email** _____

Used for confirmation. Please print clearly.

If we need to contact you, due to injury/illness, during a session, list name and #'s to call

Name/Phone to call in emergency: _____

Volleyball Experience: POSITION(S) PLAYED _____

High School Team _____

Club Teams _____

___ yrs as Varsity starter

___ yrs of 18's Club ___ yrs of 17's Club

___ yrs as Varsity bench

___ yrs of 16's Club ___ yrs of 15's Club

___ yrs on JVA Team

___ yrs of 14's Club ___ yrs of 12's club

___ yrs JVB/Freshman Team

___ middle school league

Put P by any team that was a Power/Open Team

Registration Checklist: (see health and waiver forms for Same Day Registration info)

- Payment methods: Cash or Check to Karyn Altman
- Complete registration form (this page)
- Read policies, then complete and sign Health and Waiver form.
- Mail completed forms and check to Karyn Altman (or drop off at the house)
 Karyn Altman (Nov vball) 177 Old Westford Rd, Chelmsford, MA 01824

Health and Waiver Form

Camper's Name _____

Health and General History:

- Camper has had a physical in the last 24 months
- Camper is up to date on all required immunizations
- Camper is fit to participate at this volleyball clinic.

Activity restrictions, any medical conditions or history that would require special attention:

Allergies/ Drug reactions:

Insurance Information:

Carrier Name _____ Policy # _____

Policyholder name _____ Relationship to player _____

November Volleyball Clinic Policies

Financial: Full payment is required with the application (unless discussed with the director). REFUNDS will be granted only if requested by email at least 5 days before the clinic, even if a player is injured or becomes ill before or during camp.

Same Day registration: Check www.masspikevolleyball.com for status of the clinic. If space is available, call (978-226-8781 or email masspikevolleyball@gmail.com to provide player info). If accepted verbally on the phone or by email, you will be allowed register at the gym. The fee will be \$5 more/session to register at the clinic and will be allowed only if there is available space .at your level and if you call ahead.

Pictures: Photos and videos taken at the clinic can be used for further clinic Masspike camp promotions.

Player Pick up/ Dismissal: Parents may need to pick up their child if medical or other needs require them to go home. There is no sign-out at dismissal time. Unless parents specify in writing, players will be released from court to independently find their ride home. Parents are expected to arrange for prompt pick up after each session

NO ATHLETIC TRAINER/Medical supervisor will be on site. We will call the Emergency Name/Phone if your child becomes ill or injured. We will call 911 in an emergency.

Release and permission form:

I, the parent/guardian of _____, give permission for my child to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the named emergency contact, before taking action. I hereby waive, release, indemnify and hold harmless Karyn Altman, Masspike Volleyball Camp, staff, camp management, host facilities, or sponsors, for any liability for any damages, accidents, injury or illness incurred while at camp or on the way to and from camp. I understand that there is a risk of injury to my child as a result of camp activities and knowingly and voluntarily assume all risk of such injury. I will be financially responsible for any medical attention needed during camp or clinic sessions.

- I give permission for my child to self medicate with their inhaler
- I permit my child to take acetaminophen or ibuprofen. Pills must be in their original container.
- I permit the director to give acetaminophen or ibuprofen to my child
- I understand and accept all clinic policies stated above.

By signing below, I certify that all information on this form is accurate:

Sign: _____ Date: _____

Print name: _____