2008 CCHS 5th and 6th Grade Volleyball Clinic

Please print this page, complete the form below and send it along with a check for $125 (payable to CCHS 5th and 6th Grade Volleyball Clinic) to: Central Catholic High School, 2401 SE Stark St., Portland, OR 97214 Attn: Rick Lorenz.

No Refunds after June15.
Clinic Registration Closes on July 15, 2008
Registration is complete and you are confirmed for the camp when payment is accepted. If the camp is full your payment will be returned.

2008 CCHS 5th and 6th Grade Volleyball Clinic

Name:	
Mailing Address:	
City, State, Zip:	
Home Phone:	
Grade Fall 2008:	
High School (Most Likely) Attending:	
E-Mail	
Mother's Name:	
Father's Name:	
Number of Years Played Volleyball:	
Position I want to be trained for:	**___Setter ____Outside Hitter ___Middle Hitter**
Position I play for my school or club team:	
Other Sports I play:	
School I attended last year:	
Club Team I play for:	
Height:	
Tank Top Size:	
Insurance Carrier: **Policy Number:**	

Insurance Release Form

I hereby authorize my daughter's participation in the Central Catholic Volleyball Clinic. I know of no mental or physical problems which may affect my daughter's ability to safely participate. I understand that my daughter must have current medical insurance before she can attend camp. Neither I, nor my daughter will hold Central Catholic High School or its volleyball clinic staff liable for injuries or expenses relating to injuries while my daughter is at the clinic.

_____ _____

Signature (Parent or Guardian) **Date**

_____

Signature (Participant)

In case of emergency please notify:

Name: _____

Phone Number: _____

Relationship to Player: _____