



5th-7th Grade Volleyball Clinic 2017

Name _____ Phone _____

Grade _____ E-mail _____

Father/Guardian _____

Cell Phone _____

Mother/Guardian _____

Cell Phone _____

Family Physician _____

Phone _____

Authorized Emergency Person _____

Phone _____

Special Health/Emergency Information: _____

Parent Signature _____ Date _____

Clinic Dates: May 15, 16 & 17

Cost: \$50

Due: Monday May 1

2017 Volleyball Try-outs: May 18

*** Remember:** if you have linked your bank account to your FACTS account, you no longer need to submit checks for incidentals! This cost will be added to your child's FACTS account to be automatically drafted from your bank.