



## 2018 Pascack Hills Jr. Volleyball Clinic

**THIS REGISTRATION FORM MUST BE SIGNED AND POSTMARKED BY March 1st.**

**How to register:**

1. Please complete and sign the Registration Form for **each** player (ONE FORM PER PLAYER).
2. Registration fee is **\$80.00 per player** (\$200.00 maximum per family). Please make checks payable to **PH Volleyball**.
3. **Mail to:**  
Dawn Valko  
8 Foxhill Road  
Montvale, NJ 07645
4. Space is limited. *We are capping each age group at 50 participants.* Sign up early to ensure that you do not get closed out.

**Clinic Information**

The **Pascack Hills Volleyball Association** will offer boys and girls the opportunity to participate in its 8th annual season of volleyball clinics. Students, grades K – 8, are invited to sign up. The program will run for seven **Wednesdays: April 11<sup>th</sup> - May 23<sup>rd</sup>**. The high school/middle school volleyball coaches, and former and current volleyball players from Pascack Hills will direct the clinics.

**Schedule is as follows:**

**4/11, 4/18, 4/25, 5/2, 5/9, 5/16, 5/23**

**6:15-7:15 grades K - 2**

**7:15-8:15 grades 3 - 5**

**8:15-9:15 grades 6 – 8**

***The Pascack Hills Gymnasium will be used for all dates***

**Uniforms:** Each player will be supplied with a clinic tee shirt. It is highly recommended that each player wear shorts, knee pads and appropriate gymnasium shoes (sneakers). Equipment can be purchased from Sports Expert in Hillsdale. Dick's Sporting Goods also carries volleyball equipment.

**For more information, please contact:**

Head Volleyball Coach: Lindsay Runge

Lrunge@pascack.org



## 2018 Pascack Hills Jr. Volleyball Clinic

### **Registration Form:**

Participant Name \_\_\_\_\_

Grade \_\_\_\_\_

☐ Boy

☐ Girl

Special Medical Information/Special Requests: \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Emergency Number \_\_\_\_\_

Email address \_\_\_\_\_

Select the **t-shirt size** to be provided: ☐ YM (Child Size 6-8) ☐ YL (Child Size 10-12) ☐ AS ☐ AM ☐ AL

**IMPORTANT: Registration form must be signed and postmarked with payment by March 1st. One Registration Form per player.**

**Registration Fee is \$80.00 per player (maximum per family \$200.00)**

**Please make check payable to: PH Volleyball. Mail To: Dawn Valko, 8 Foxhill Road, Montvale, NJ 07645**

I waive any claim against the Pascack Hills Volleyball Association or any of its agents for damages that may arise as a result of my child's participation in this program. In the event my child is injured and I cannot be readily reached, I give permission to my child's coach or assistant to authorize medical attention, which is recommended by a registered physician. Further, I understand that any expenses that may arise will be my responsibility, as the Pascack Hills Volleyball Association does not carry insurance for these purposes.

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

### **PERMISSION AND RULES**

#### **IMPORTANT: BOTH PARENTS MUST READ & SIGN THIS STATEMENT**

We/I hereby enroll our/my child in the 2018 Pascack Hills Jr. Volleyball Association program. In signing this application, I/we certify that he/she is healthy and free of problems that could adversely affect his/her participation with other registrants. I/we understand that my/our child and parents must comply with the Volleyball Association's rules and standards of conduct and that the Association may suspend or terminate my/our child's participation in the program if he/she or I/we do not maintain these standards.

**AS A PARENT I HEREBY PLEDGE TO PROVIDE SUPPORT, CARE, AND ENCOURAGEMENT FOR ALL CHILDREN PARTICIPATING IN THE JR. VOLLEYBALL CLINIC:**

\_\_\_\_\_  
(PARENT OR GUARDIAN SIGNATURE)

\_\_\_\_\_  
(PARENT OR GUARDIAN SIGNATURE)