



Vipers Volleyball

2021 Summer Clinics

Location: Regeneration Gym – 219 E 15th Street, Oakland, CA

Time: Beginners- Intermediate Monday and Wednesday nights 5-7pm
Intermediate- Advanced Monday and Wednesday nights 7-9pm

Dates: 4 weeks program: 6/7, 6/9, 6/14, 6/16, 6/21, 6/23, 6/28, 6/30

Payment: IF received before 5/31, \$300 for payment and registration for all 8 clinics OR \$50 per clinic. IF received after 5/31, \$325 for all 8 clinics OR \$50 per clinic:

Please choose clinic(s): Beg/Int ☐ ALL ☐ 6/7 ☐ 6/9 ☐ 6/14 ☐ 6/16 ☐ 6/21 ☐ 6/23 ☐ 6/28 ☐ 6/30

Please choose clinic(s): Int/Adv ☐ ALL ☐ 6/7 ☐ 6/9 ☐ 6/14 ☐ 6/16 ☐ 6/21 ☐ 6/23 ☐ 6/28 ☐ 6/30

To Register:

Submit payment along with registration and waiver forms to:

Vipers Volleyball Club

14379 Hemlock Street

San Leandro, CA 94579

All clinic participants MUST have an AAU membership. \$14 AAU registration fee. Vipers Club Code: WYE347
AAU Membership Link- <https://play.aausports.org/login/tabid/36231/Default.aspx?returnurl=%2f>

Who:

Beginners to intermediate: 10 to 16 years old, depending on experience (minimum of 8 players to run the clinic and maximum of 12 players)

Intermediate to advanced: 13 to 17 years old, depending on experience (minimum of 8 players to run the clinic and maximum of 12 players)

Email: ca.vipers.vball@gmail.com

Vipers Volleyball Club is offering small group beginner/intermediate/adv volleyball clinics. We believe in small group setting, allowing multiple reps, ensuring faster player development through more effective coaching. Coaches: David Ho (Vipers Vball NCVA Club team and HS head coach), Mindi Chen (Vipers Vball and HS Asst Coach), Peter Ohno (HS Head Coach, Experienced Middle school and Club Coach), and other college player coaches will share their knowledge of, and passion for volleyball with your player to rapidly improve his/her volleyball skills.

Check out our website (<https://alamedavipersvolleyball.com/>) or Facebook page for more details about our club. Note, Covid protocols are in place and masks will be worn during clinics.

Please complete the following questionnaire as well as the Waiver forms and remit forms with the payment to the address above. Email us for instructions if you want to pay with PayPal.

Player's Name: _____

Volleyball Experience: _____

Interested Position: _____

Assumption of the Risk and Waiver of Liability Relating
to Coronavirus/COVID-19 (PLEASE READ
CAREFULLY)

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

VIPERS has put in place preventative measures to reduce the spread of COVID-19; however, VIPERS cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending VIPERS programs/events could increase your risk and your child(ren)'s risk of contracting COVID-19.

_____ By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren)_____ (PRINT CHILD'S NAME) and I may be exposed to or infected by COVID-19 by attending the and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 during my participation in any VIPERS programs/events may result from the actions, omissions, or negligence of myself and others, including, but not limited to, VIPERS employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at any VIPERS gyms or training facilities or participation in VIPERS programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless VIPERS, its employees, agents, volunteers, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

In addition to the foregoing, I also acknowledge that novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including cases in the State of California, and within Alameda. I hereby agree, represent, and warrant that I (and/or my son/daughter) (i) am not experiencing any symptoms of COVID-19 as described by the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>), including, without limitation, fever, cough, or shortness of breath, and (ii) do not have a suspected or diagnosed/confirmed case of COVID-19. I also agree that should this change at any time, I will immediately notify the Club.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the VIPERS, its employees, agents, volunteers, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any VIPERS program.

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

PRINT NAME OF PARENT/GUARDIAN _____

DATE _____



2021 Vipers Volleyball Clinics Waiver

*Waiver must be completed and returned prior to your child's participation (one player per form)

Player's Name _____ Age: _____ Birth date: _____

School: _____ Grade: _____

Parent/Guardian's Name: _____

Address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____

Email: _____ Player's AAU membership # _____

Emergency Information: If we cannot contact parents, call:

Name: _____ Phone: _____

Relationship: _____

I/We (print parents' names) _____ in return for my child's opportunity to participate in Alameda Vipers Volleyball Clinics do hereby exempt and release Alameda Vipers, its directors, officers, coaches, employees, and agents from any and all liability, claims, demands or actions whatsoever arising out of any damage, loss, or injury that my child or I might sustain while my child is participating in Alameda Vipers Volleyball Clinics, whether or not damage, loss or injury results from the negligence of Alameda Vipers, its directors, officers, coaches, employees, volunteers or agents or any defective equipment. I hereby authorize the staff of Alameda Vipers to act for me according to their best judgment in any emergency situation requiring medical attention. I hereby release, discharge, indemnify, and hold harmless Alameda Vipers from any and all liability, injuries, or illnesses incurred while participating in the Volleyball Clinics. I understand and assume hazards associated with this activity and waive all claims against Alameda Vipers, its directors, officers, coaches, employees, and agents. I/we understand that if I/we do not sign this release, then my child will not be permitted to participate in Alameda Vipers Volleyball Clinics. I/we hereby represent that I am/we are the parent(s)/guardian(s) of (insert child's name here) _____.

X _____
Signature of Player Date

X _____
Signature of Parent or Guardian Date

Photo Release: I hereby grant Alameda Vipers, its representatives and employees, or anyone authorized by Alameda Vipers, permission to use my likeness and/or the likeness of my child(ren) in a photograph in any and all illustrations, advertising, publications, including website entries, without payment or any other consideration. I understand and agree that these materials, including all negatives and positives, together with the prints, will become the property of Alameda Vipers and will not be returned. I hereby irrevocably authorize Alameda Vipers, its representatives and employees, or anyone authorized by Alameda Vipers, to edit, alter, copy, exhibit, publish or distribute this photograph for the purposes of publicizing Alameda Vipers programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness or the likeness of my child(ren) appears.

Parent/Guardian Name and Signature _____