

ASE CO-ED VOLLEYBALL



- **Six week class focusing on fundamental skill development: passing, setting, serving, blocking, rotation, transition, rolling, footwork & conditioning.**
- **Class size limited to 24.** **Bring your own ball!!!!!!**
- **Contact Sue Niven: (513) 919-1744 Email: sniven97@gmail.com**

Volleyball Clinic Registration Form

Athlete's Name: _____

Athlete's Grade: 5th _____ 6th _____

Teacher's Name: _____

Parent's Name: _____

Email Address: _____

Home Address: _____

Primary Contact Number: _____

Alternate Phone Number: _____

Emergency Contact: _____

Allergies/Medical Conditions: _____

Experience Level: Beginner _____ Intermediate _____ Advanced _____

Medical Insurance Company: _____

Policy Number: _____

I agree to release and hold Loveland School District & personnel harmless from any and all claims and liability arising out of this class. I give permission for my child to be given emergency medical treatment in the event of inability to reach the above contacts if deemed necessary by medical personnel.

CHILDREN MUST BE PROMPTLY PICKED UP AT THE END OF CLASS

Parent/Legal Guardian Signature:

X _____ Date: X _____