

2017 Spring Youth Volleyball Clinic Registration Form



Grades 4-8

Deadline: Friday Feb. 3, 2017.

Clinic sessions will be on Saturday mornings from 9:30am to approximately 11:00am
Program runs Feb. 11-April 1.

Please complete form and return to:
305 South Dogwood Drive, Harrisonburg, VA 22801.
Forms can also be faxed to (540) 433-9169.
Attn: Erik Dart
For more information please call (540) 433-9168.

Player's Name _____ Phone _____

Address _____ City _____ Zip _____

Age _____ Grade _____ Gender _____ Birth date ____/____/____

School _____

Family Email _____

Special Health Needs _____

Emergency Contact _____

Emergency Contact Phone Number _____

Mother's Name _____ Home Phone _____

Employer _____ Work Phone _____

Father's Name _____ Home Phone _____

Employer _____ Work Phone _____

Waiver Agreement

I hereby certify that my child is in normal health and capable of safe participation in the 2017 Recreation Volleyball Program. I assume all responsibilities in case of an accident at the facility. I hereby authorize the Harrisonburg Parks and Recreation to obtain medical treatment for my child in the event that parents and the emergency contact provided cannot be reached.

I support the Harrisonburg Parks and Recreation's philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, and volunteer leadership.

In consideration of the willingness of the City of Harrisonburg to permit my participation in the program(s) and to allow me access to the City's premises and property, I grant the released parties the right to photograph and/or videotape me and to use my face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation.

Signature _____ Date _____