



Fighting RAMS Volleyball Clinic

Come join the **Shepherd Hill Regional High School Varsity Volleyball Team**, to learn more about the skills of this exciting new sport offered at the high school. This clinic will feature interactive and fun-filled sessions that will focus on the basic skills of passing, setting, spiking, serving and MORE!

Come join the fun...sign up today!

WHO?	Girls entering grades 3 through 9	WHEN?	August 9-12, 2010
WHERE?	Shepherd Hill Regional High School	TIME?	9:00 a.m. - 12:00 p.m.
COST?	\$80.00 [Register by July 1 st and receive a free T-shirt!]		

COMPLETE THE APPLICATION BELOW AND MAIL IT ALONG WITH A CHECK PAYABLE TO: Tom Caffelle Send to: 7 Howarth Road, Oxford, MA 01540

Fighting Rams Volleyball Clinic Enrollment Form

Child's Name: _____ Grade entering/Age: _____

Parent/Guardian Name: _____ E-mail Address _____

Parent/Guardian Signature: _____ T-shirt size: _____ [if signed up by July 1, 2010]

Home Address: _____ Telephone #: _____

Town/City: _____ Zip code: _____

IN CASE OF EMERGENCY CALL:

Name	Telephone Number	Relationship
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Name	Telephone Number	Relationship
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Family Health Insurance Plan	Policy Number
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Parental Consent Release from Liability and Indemnity Agreement:

We the undersigned parent[s]/guardian[s] of _____, a minor, and said minor, do hereby consent to her participation in voluntary athletic programs and do forever RELEASE, acquit, discharge and covenant to hold harmless the Fighting Rams Volleyball Clinic, and its successors, departments, officers, employees, servants, and agents of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in anyway growing out of, directly or indirectly, all known and unknown personal injuries or property damage which we/I may now or hereafter have as the parent[s]/guardian[s] of said minor, and also resulting or to result from his/her participation in the Fighting Rams Volleyball Clinic; FURTHERMORE, we/I hereby agree to protect the Fighting Rams Volleyball Clinic, and its successors, departments, officers, employees, servants, and agents against any claim for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her voluntary participation in the Fighting Rams Volleyball Clinic, and to INDEMNIFY, reimburse or make good to the Fighting Rams Volleyball Clinic or its successors, departments, officers, employees, servants, and agents any loss and damage and costs, including attorneys fees, the Organization or its representatives may have to pay if any litigation arises from said minors intentional, grossly negligent, negligent, or reckless acts or omissions while participating in said sports clinics.

Signature of Parent[s]/Guardian[s] _____ Date