

HAVERFORD COLLEGE WOMEN'S VOLLEYBALL PRESENTS...

VOLLEYSTARTERS CLINIC

BOYS AND GIRLS

GRADES 3RD – 8TH

INSTRUCTED BY

HAVERFORD PLAYERS AND COACHES



DATES: SATURDAY APRIL 18 & 25

TIME: 9:00AM – 11:00 AM

WHERE: HAVERFORD COLLEGE CAMPUS
GARDNER INTEGRATED ATHLETIC CENTER
GOODING ARENA

WHY: GET KIDS STARTED IN THE SPORT;
HAVE FUN!! WE LOVE VOLLEYBALL!

COST: \$30 PER PLAYER PER SESSION
\$40 PER PLAYER FOR BOTH SESSIONS

EQUIPMENT: SNEAKERS

DEADLINE:

REGISTRATION FOR BOTH DAYS, APRIL 14
REGISTRATION FOR SINGLE DAY, APRIL 15

MINI-VOLLEYBALLERS

BOYS AND GIRLS

AGES 3-8

INSTRUCTED BY

HAVERFORD COLLEGE COACH/PLAYERS
PENN COACH



DATES: SATURDAY APRIL 18 & 25

TIME: 11:00 AM – 12:00 PM

WHERE: HAVERFORD COLLEGE CAMPUS
GARDNER INTEGRATED ATHLETIC CENTER
GOODING ARENA

WHY: GET KIDS STARTED IN THE SPORT;
HAVE FUN!! WE LOVE VOLLEYBALL!

COST: \$15 PER CHILD PER SESSION
\$20 PER CHILD FOR BOTH SESSIONS

EQUIPMENT: SNEAKERS

DEADLINE:

REGISTRATION FOR BOTH DAYS, APRIL 14
REGISTRATION FOR SINGLE DAY, APRIL 15

MAIL REGISTRATION FORM AND CHECK MADE PAYABLE TO HAVERFORD COLLEGE VOLLEYBALL TO:

AMY BERGIN

VOLLEYBALL COACH, HAVERFORD COLLEGE

370 LANCASTER AVE

HAVERFORD, PA 19041-1392

QUESTIONS? CALL: 610-896-4211 (OFFICE) OR EMAIL: ABERGIN@HAVERFORD.EDU

SEE [HTTP://WWW.HAVERFORD.EDU/VISITING/CAMPUSMAP.PDF](http://www.haverford.edu/visiting/campusmap.pdf) FOR ON CAMPUS DIRECTIONS TO ATHLETIC CENTER

REGISTRATION INFORMATION

Name: _____ Age: _____ Boy or Girl _____

Address: _____ City: _____ State: _____ Zip: _____

Parent's Name: _____ Parent's Email address: _____

Cell number: _____ # to be reached during clinic: _____

School: _____ GRADE: _____ Position: _____ Years Played: _____

Coach's Name & Email address: _____

*Note: Funds are non-returnable if an absence of one day or both days occur.

Haverford College Volleyball Clinic VolleyStarters/Mini-Volleyballers Wavier and Assumption of Risk

I hereby request that you accept the application of _____ in the 2009 VolleyStarters/Mini-Volleyballers during the date set forth in this application, and in consideration of your acceptance of this application, I hereby release Haverford College, all their trustees, officers, employees, and agents, from any and all liability of claims relating to any injuries that may be sustained by the participant while attending the 2009 VolleyStarters/Mini-Volleyballers or any and all claims which may hereafter be presented by or on behalf of the participant (minor child) relating to such injuries. Such released claims include claims for negligence, gross negligence, or recklessness.

Authorization for Medical Treatment and Release: In case of emergency or any medical attention that is required by my child, I hereby give my permission to the Haverford staff and/or Haverford to secure medical treatment and to act on my behalf according to their best judgment, and I hereby release Haverford College, and all their trustees, officers, employees, and agents, from any and all claims relating to the exercise of such judgment.

I further acknowledge that the above named individual is covered by health insurance...

Date: _____ Parent's Name: _____ Parent's Signature: _____

Health Insurance Carrier: _____ Group/Policy #: _____

Emergency Contact if you are not available during clinic

Name and phone number: _____

Relationship to Camper: _____

*Note: Return this completed form with registration and check.