

# Volleyball Clinic

Presented by the Junior High Volleyball Program

Join us for our 4-day  
skills clinic



May 6 – 9, 2019

**3<sup>rd</sup> – 6<sup>th</sup> Grade**

**3:45 – 5:30 Varsity Gym**

**\$35.00 per athlete**

Click here to register & pay:

[https://docs.google.com/forms/d/e/1FAIpQLScegLy4vLWF0YHFy201bq9\\_8Dr4DbNOp1cAUTliPN0tKojZSQ/viewform?usp=pp\\_url](https://docs.google.com/forms/d/e/1FAIpQLScegLy4vLWF0YHFy201bq9_8Dr4DbNOp1cAUTliPN0tKojZSQ/viewform?usp=pp_url)

(Copy & paste to your browser)

Or complete the attached form and mail with  
payment.

Payment can be made online via Monroe SPS EZpay:

<https://www.spsezpay.com/Monroe/login.aspx> or mail checks  
payable to **Monroe JH Volleyball Clinic** to:

**Monroe Jr. High School**  
220 Yankee Road  
Monroe, Ohio 45050  
**Attn: Karen Cook**

**Registration Deadline: May 6th**

Contact Coach Weiseman at [mweiseman@cinci.rr.com](mailto:mweiseman@cinci.rr.com) with  
questions.



**MONROE YOUTH VOLLEYBALL CLINIC**

**May 6-9, 2019**

**Student Name:** \_\_\_\_\_ **Grade :** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Parent Contact Number:** \_\_\_\_\_  
**Parent E-mail :** \_\_\_\_\_  
**Known Allergies / Conditions:** \_\_\_\_\_

The ("Student") and the undersigned parent(s)/guardian(s) desire to allow Student to participate in a school athletic activity (the "Activity") and understand and acknowledge that participation in the Activity is voluntary. In exchange for being permitted to participate in the Activity, Student and parent(s)/guardian(s) agree to this full Waiver and Release.

Student and parent(s)/guardian(s) understand and acknowledge that there are risks inherent in participating in the Activity, including possible personal injury, injury to property, or death and agree to make themselves aware of the risks and hazards associated with the Activity and acknowledge that the activities involved in the Activity may include (but are not limited to) various types of physical exertion, running, weight lifting, physical contact, collision with other persons, and other conduct involved in athletic activity. Student and parent(s)/guardian(s) acknowledge and understand that there is a possibility of unforeseen and unpredictable events and risks inherent in the Activity that can result in serious bodily injury or death when participating in the Activity. Being fully aware of the risks (known and unknown) and possibility of injury and loss involved, the undersigned Student and parent(s)/guardian(s) consent to have Student participate in the Activity and agree that Monroe Local Schools and its agents (including if present, team doctors, athletic trainers and nurses) may provide treatment to Student for any injury he or she may sustain while participating in the Activity.

Student and parent(s)/guardian(s), on behalf of themselves, Student, executors or other representatives, waive and release all rights and claims for damages that the parent(s)/guardian(s) or Student may have against the Monroe Local Schools (Monroe) and its representatives, agents, (board members, employees, representatives, and volunteers). Student and parent(s)/guardian(s) agree to waive, release and hold harmless Monroe and its agents from any and all present and future claims, lawsuits, actions, liabilities, demands, damages, costs, expenses, loss of services, actions and causes of action whatsoever, known or unknown, anticipated or unanticipated, relating in any way to the activities involved in the Activity.

The undersigned parent(s)/guardian(s) also affirm that Student now has and will continue to maintain proper hospitalization, health, and accident insurance coverage which the undersigned acknowledges as adequate for both Student's and the parent(s)/guardian(s)' own protection. Student and parent(s)/guardian(s) represent and warrant that Student is qualified, in good health, and in proper physical condition based on a licensed physician's recommendation to participate in the Activity and all activities associated with the Activity.

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_