

Volleyball Clinic



515 Old Westminster Pike
Westminster, MD 21157
410-857-5098



Fall Dates: Tuesdays, 10/20-12/8
Cost: \$100
Grades: Students in grades 3-12
Time: 5:30, 6:30 & 7:30 PM. Classes will be divided based on grade and ability levels.
Format: The clinic will work on fundamentals, rules and skills of volleyball. Various ability levels are encouraged to participate.
Instruction: Michele Crouse-has coached club and varsity teams for over 25 years.
 Ed Benish-the current varsity coach at Westminster High School and former assistant coach at McDaniel College.
What is needed: Players should bring flat soled tennis shoes and knee pads. CISC will have knee pads available for \$20.

Volleyball 2015 Fall Clinic

Name: _____ Grade: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Birth Year: _____ School Attending: _____
 Phone #: _____ Email: _____



REGISTRATION FEES ARE NON-REFUNDABLE

Payment (check one): Check__ Visa__ Mastercard__ Discover__ American Express__

(Place credit card information in box below)

Name on CC: _____ CC Number: _____
 Exp. Date: _____ Billing Zip: _____ Signature: _____

Liability Release Waiver, Age Verification & Roster Form

I verify that the birth date provided herein is true & correct. I further verify that I will not hold the Carroll Indoor Sports Center, Inc. (CISC), National Building Leasing, Inc., or representatives or officials of these organizations, responsible for any injury or accident which may occur while traveling to, participating in, or returning from any CISC game or event.

- Acknowledge, agree, & represent that I understand the nature of SPORTS activities & that I am qualified, in good health, & in proper physical condition to participate in such Activity. I further agree & warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
- Fully understand that: (a) SPORTS activities involve risks & dangers of serious bodily injury, injury, including permanent disability, paralysis, & death ("risks"); (b) these Risks & dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or The negligence of the "releasers" names below; (c) there may be other risks & social & economic losses either not known to me or not readily foreseeable at this time; & I fully accept & assume all such risk & all responsibilities for losses, costs & damages incur as a result of my participation or that of the minor in the Activity.
- Herby release, discharge, & covenant not to sue CARROLL INDOOR SPORTS CENTER, INC., their respective administrators, directors, agents, officers, members, volunteers, & employees, other participants, any sponsors, advertisers, and, if applicable, owner & leasers of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasers" or otherwise, including negligent rescue operations & I further agree that if, despite this release & waiver of liability, assumption of risk, an indemnity agreement, or anyone on my behalf, makes a claim against any of the "Releasers", I will indemnify, save, & hold harmless each of the "releasers" from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

Minor Release

I, the minor's parent and/or legal guardian, understand the nature of SPORTS activities & the minor's experience & capabilities & believe the minor to be qualified, in good health, & in proper physical condition to participate in such activity. I herby release, discharge, covenant not to sue, & agree to indemnify & save & hold harmless each of the release's from all liability claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the "releasers" or otherwise, including negligent rescue operation & further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releasers named above, I will indemnify, save, & hold harmless each of the releasers from & litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim. I give CISC permission to use photos/images of my child for web design, graphics, flyers and all other print materials for CISC promotional purposes. I further understand that CISC does not require background checks on volunteers or instructors.

Signature of Parent/Guardian: _____ Date: _____

Please return completed registration form and check payable to CISC, 515 Old Westminster Pike, Westminster, MD 21157

For office use only: Date: _____ Payment Amount: _____ Type of Payment: _____ Initial: _____