

# Oak Ridge Girl's Volleyball Clinic

## Building Champions



**VOLLEYBALL: Monday, July 24th– Thursday, July 27th**

**Incoming 4<sup>th</sup> – 7<sup>th</sup> grade 8:30 – 10:30**

**Incoming 8<sup>th</sup> – 9<sup>th</sup> grade 11-1**

**Open Gym will be from 1:30-3**

**DEADLINE: June 2nd - 2017 !!!!!!!!!!!!!**

**Cost of the clinic is \$70 if paid by the deadline. If paid after June 2<sup>nd</sup> clinic will be \$85.**

**Make checks payable to: Oak Ridge High School.**

***Forms should be turned into Oak Ridge High School Athletic office***

**Just make sure it is labeled: Attention Coach Sledge... (Keep top portion)**



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**Students name:** \_\_\_\_\_ **School you will be attending:** \_\_\_\_\_

**Grade:** Please Circle **INCOMING 4<sup>th</sup> – 5<sup>th</sup> – 6<sup>th</sup> – 7<sup>th</sup> – 8<sup>th</sup> – 9<sup>th</sup>** (York) (Irons)

**Parent's Names:** \_\_\_\_\_ **VB Camp**

**Parent Contact: Mom's Cell** \_\_\_\_\_ **Home** \_\_\_\_\_

**Dad's Cell** \_\_\_\_\_

**Emergency Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Emergency Contact: Cell** \_\_\_\_\_ **Home:** \_\_\_\_\_

**T-shirt size: YM YL S M L XL**

**WAIVER RELEASE:**

By signing below I give consent for my child, \_\_\_\_\_ to participate in the VB clinic to be held at Oak Ridge High in **July, 2017.**

I hereby certify that she is physically capable of participating and I realize that there are risks involved in participating in the clinic. Knowing the risks involved, by signing, I, on my behalf and that of my child, our heirs, administrators and executors, release and agree to hold harmless Conroe Independent School District, and all persons or entities associated with Conroe ISD and the clinic from any responsibility and/or liability for any and all claims, demands, damages, costs, causes of action, and expenses arising out of or resulting from my child's participation in and involvement with this clinic and program, including personal injury, disability, or property damage that may be incurred throughout the duration of the clinic.

In the event of a serious medical emergency, I hereby consent to and authorize treatment for my child by medical personnel until I can be contacted.

After reading this release, I fully understand and accept all conditions as outlined for permitting my child to participate in this clinic.

Signature of Child \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_