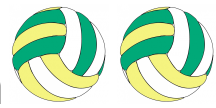


Geneva Volleyball Youth Program



In an attempt to get a youth volleyball league started in Geneva, the Geneva High School Volleyball program will be beginning a series of mini-clinics to help young players begin learning and experiencing the sport of volleyball. These sessions will be run by the Geneva Volleyball team and it's coaches.

The dates of the sessions are as follows: May 3, 10, 12, 17, 19, 24, 26, 31 June 7
(come to them all or just come to the ones you can)
Time is from 6:00-7:00pm at Geneva High School.

These session are open to any young athlete in grades 2nd through 6th. They do not have to be Geneva students and are open to any player from any school.

The cost is \$40.00 for all sessions. Athletes attending will receive a t-shirt at the May 31st mini-session and will also receive a "team photo."

These sessions will be closed (parents will drop off their child and not be permitted to watch the session). Drop off and pick up will be at the front of GHS. We will have a parent night on the final night (June 7) for everyone.

Complete registration below. Return registration and payment on the first night.

-----cut and return with payment-----

Registration and Medical Waiver:

- I hereby authorize coaches of the Geneva Volleyball camp/ Mini skills sessions to act for me according to their best judgment in an emergency requiring medical attention.
- I hereby waive and release the Geneva Volleyball Camp/Mini skills sessions coaches and their representatives.
- I know of no medical or physical problems that may affect my child's ability to safely participate in this camp/or volleyball activities.
- I will be responsible for any medical and other charges in connection with attendance at camp/or skills sessions
- I have read the rules and regulations of the camp/skills sessions and both the athlete and I agree to abide by them.
- Signature of both parent and athlete is required.

Name: _____ Emergency phone number: _____

Grade entering next fall: _____ School: _____ T-shirt size (adult): _____

Name of Insurance company: _____ Policy #: _____

By signing below, I state that I have read and agree to the terms stated above..

Signature of parent: _____



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Signature of student/athlete: _____