

WINTER ABC Academy for 4th-8th graders
Wednesdays from 6:30-8:15pm @ the Hoop Beaverton
January 11th-February 15th
Clinicians: Wendy Stammer and Lena Chan

Registration fee: \$125

Please make checks out to "Athena Volleyball Academy"

CLINIC REGISTRATION FORM (Please send in registration right away to guarantee your spot to the address below. The first 18 registrations that we receive will be accepted.)

Lena Chan
14845 SW Murray Scholls Dr.
Suite 110, PMB 402
Beaverton, OR 97007

Last Name _____ First _____ Circle grade: 4th 5th 6th 7th 8th
Address _____ City _____ State _____ ZIP _____
E-mail address: _____ (please list an email address we can send camp info. if necessary)
T-Shirt size: _____

EMERGENCY INFORMATION

Parent/Guardian _____ Home Phone (____) _____ Work Phone (____) _____
email _____ optional: Cellular (____) _____

Additional Contact

Name _____ Home Phone (____) _____ Work Phone (____) _____
Relation _____ optional: Cellular (____) _____

Medical Allergies _____

Routine Medications _____

Name of Insurance Carrier (Required) _____ Policy Number _____

Family Doctor _____ Family Doctor Phone Number (____) _____

RELEASE OF ALL CLAIMS AND CONSENT TO MEDICAL TREATMENT

In consideration of the acceptance of my entry and application to attend the ABC Volleyball Clinic, I hereby release and hold harmless ABC Volleyball Clinic, the officers, directors, staff and members of ABC Volleyball Clinic, from any liability, illness or property damage, that I sustain during my participation in this camp or that is in any way related to this camp. I understand that this Release applies to myself, my child (if signed by a parent or guardian), and our respective personal representatives, heirs and assigns. I represent that I or my child or ward is adequately trained to participate in this event, that I recognize the risks of injuries accompany such participation and that I acknowledge that this Release is being relied upon by all the above persons in permitting me to participate.

If, as a result of my participation in the ABC Volleyball Clinic, I require medical attention, I hereby give my consent to the above personnel to seek medical care for myself or my child or ward, (in the case of a parent or guardian) as is deemed necessary by authorized personnel of the camp or medical care providers. I hereby grant permission to ABC Volleyball Clinic, its successors and assigns to use any photographs, video tapes, motion pictures, recordings or other record of the camp and my participation or that child or ward, for any legitimate reason.

Parent or Legal Guardian Signature _____

Date _____
