



**ANTELOPE VALLEY  
COLLEGE**



# SUMMER VOLLEYBALL CLINICS

**Sunday afternoons beginning July 7, 2018 | \$20 per player  
AVC Gymnasium | 3041 West Ave. K, Lancaster | 4-6 pm**

Improve and develop your volleyball skills!

**\*Only accepting 40 participants per session!**

## AVC VOLLEYBALL CLINIC REGISTRATION FORM

Cash, check or money order in the amount of \$20 is payable the day of the clinic.

Name (Print) \_\_\_\_\_

Emergency Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

School \_\_\_\_\_ Age \_\_\_\_\_

I hereby give my daughter/son permission to participate in the AVC Volleyball Clinic.

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Please bring registration form, clinic fee of \$20 and signed waiver form the day of the clinic. Make \$20 check or money order (tax deductible) payable to: **AVC Volleyball** or bring cash. All money must be paid the day of the clinic. **No refunds.**

## CONSENT TO PARTICIPATE WAIVER

(Participation is voluntary)

I hereby give my permission for

\_\_\_\_\_  
(Participant's Name)

to participate in the AVC Volleyball Clinic.

In consideration of the acceptance of my child's application, we, as legal guardians, do hereby waive and release Antelope Valley Community College District, its volunteers and employees, any and all sponsors including volunteers and associates from all claims for damages, and for liability arising in travel to, participating in, and returning from this event. We have full knowledge of the risks involved in this event and there are no previous injuries or conditions that will limit my child's participation.

In the event of an accident or sudden illness, the sponsor has my permission to render whatever emergency medical treatment may be deemed necessary for the above named student.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date