

Parkview Volleyball

All Skills Clinic

For 5th-7th Grade

July 10th from 9- 12 pm

AT PARKVIEW HIGH SCHOOL GYM

Presented by the Parkview Volleyball Team & Coaching Staff:

Amber Doolittle – Head Coach

Dani Harris- JV Coach

This will be a one day clinic that will cover the fundamental skills of volleyball including: passing, serving, setting and attacking.

Cost: \$30

**** PLEASE DO NOT COME IF YOU FEEL SICK, OR BEEN AROUND SOMEBODY WHO HAS TESTED POSITIVE FOR COVID. YOU WILL NEED TO BRING YOUR OWN WATER BOTTLE AND MASK.***

**Complete and detach the registration form below and mail with fee to this address by
Wednesday, July 7th**

**Parkview High School Volleyball
c/o Amber Doolittle
516 W Meadowmere
Springfield MO, 65807**

~Please make checks payable to Parkview Volleyball~

Participants Name _____
School _____
Grade _____
Medical Insurance Co. _____
Policy Number _____
Parent/Guardian _____
Address _____

Home Phone _____
Parent Cell Phone _____
Parent Email _____

We or I do hereby request that you accept the application of _____ into the Parkview Volleyball All Skills Clinic. We or I hereby release the Springfield Public School District and all of its employees from all claims on the account of injuries which may be sustained by our or my daughter while attending the Parkview Volleyball All Skills Clinic, and we or I agree to indemnify the Springfield Public School District and its employees for any claims of injuries to our or my daughter. We or I understand that any participant who does not abide by the rules may be dismissed from the clinic with no refund. In the event of illness or injury if we or I cannot be reached, we or I give the consent for medical treatment. We or I will be responsible for any medical or other charges in the connection with our daughter by our own medical insurance.

Parent/Guardian _____
Signature _____