



Mendham High School Girls Volleyball Middle School Skills Clinic
June 26-27, 2017; 9:00-12:00 at Mendham High School
(for girls entering grades 6-9)



The two-day clinic will be run by the Mendham coaches and players and will focus on the skills needed to play high school volleyball:

Passing
Serving

Hitting
Game Play

For more information about Mendham Girls Volleyball
Visit our website at:

<http://www.hometeamsonline.com/MHSVB>

For more information re: clinic, contact:

Molly Oehrlein moehrlein@wmrhsd.org

**Complete & return with payment of \$75.00 to: Molly Oehrlein WMMHS 65 East Main St. Mendham, NJ 07945
 (Make check payable to: Mendham Volleyball Boosters)**

Player Name: _____ T-Shirt Size (Circle one): AS AM AL AXL

DOB: _____ Current School: _____ Grade in fall: _____

Address: _____

Home Phone: _____ Player Cell: _____

Player E-mail: _____

Parent/Guardian (1): _____

Parent E-mail: _____ Parent Cell: _____

Parent/Guardian (2): _____

Parent E-mail: _____ Parent Cell: _____

Emergency Contact Person: _____ Relation to Player: _____

Emergency Contact Home Phone: _____ Cell: _____

Insurance Carrier: _____ Policy #: _____

Physician: _____ Phone #: _____

I hereby give my daughter, _____, permission to participate in the Mendham High School Girls Volleyball Middle School Clinic. In consideration of her participation, I acknowledge, appreciate, and agree that:

1. The risk of serious injury exists.
2. My child knowingly and freely assumes such risks.
3. My child willingly agrees to comply with the stated and customary terms and conditions for participation. If she observes any unusual hazard during participation, she will remove herself from participation and bring such to the attention of the clinic instructors.
4. I release and hold harmless Mendham High School, Mendham High School Girls Volleyball, Mendham High School Volleyball Boosters, and the above organizations' officers, employees, team members, and volunteers.
5. I certify that my child is in good health and able to participate in the clinic's activities.
6. I have listed in the space provided below any special medical conditions, physical limitations, or medical needs: _____

Parent Name: _____

Parent Signature: _____ Date: _____