

# Plattsmouth Community Center

## Volleyball Clinic Registration Form

**2019**

**Head of Household Information:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

We invite people of all abilities to participate in our programs. If your child needs special assistance please mark this box:

OFFICE USE:	
Staff Initials _____	Amount Pd. _____
PCC Member _____	Non-member _____
Cash _____	Check _____ CC _____
<i>Checks payable to Plattsmouth Community Center</i>	

**Interested in assisting? Please print name:** \_\_\_\_\_

Participant First Name	Participant Last Name	Birthday	Grade	Gender: Male(M) Female (F)	Shirt Size: 6/8, 10/12, 14/16, AS, AM, AL

*Once clinic begins, refunds will not be given unless we're provided with a doctor's notice of inability to play.*

**Release of Liability**

By signing this form, I waive, release and forever discharge the PCC and its directors, officers, agents, employees, representatives, successors and assigns, administrators, executors and all others from any and all responsibilities or liability from injuries or damages resulting from participation in this activity. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself or child. I understand the inherent risk of injury when participating in strenuous activities and that I should contact a physician prior to participating in strenuous activities.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_