



2019 CCHS Co-Ed Youth Volleyball Summer Clinic

Grades 4th-8th

Clinic will focus on learning and perfecting the core fundamentals of volleyball (passing, setting, serving, hitting & attacking) in a Christ-centered environment.

When: July 10-12

1:00-4:00 PM

Where: CCHS GYM

Cost: \$100 includes T-shirt



CCHS Boys JV/Varsity Team & Coaching Staff will be instructing clinic.

**To register please return Consent Form & Payment (CASH or check payable to Dan Neumann)
by Monday, July 8th**

For more information:

Coach Dan Neumann 714-310-3542

dan.neumann@calvaryschools.org

CCHS Gym 3800 S. Fairview, Santa Ana, CA 92704

2019 CCHS BOYS VOLLEYBALL REGISTRATION and CONSENT FORM

Athlete Name: _____ 2019-20 Grade: _____

Athlete Home Address: _____

Athlete Home Phone: _____ Athlete Cell Phone: _____

Email: _____

PARENT/GUARDIAN CONTACT INFORMATION

Male Parent/Guardian Name: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Female Parent/Guardian Name: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Athlete Physician's Name : _____

Physician's Phone: _____

In the event that a parent/guardian cannot be reached:

AUTHORIZED EMERGENCY

CONTACT PERSON: _____ **Phone:** _____

Please list any special health concerns and/or emergency information:

PARENTAL CONSENT for Participation, Medical Treatment

_____ has permission to participate in the boys' volleyball sessions/clinics/open gym at Calvary Chapel High School June-August. I acknowledge there are inherent risks involved in any athletic activity. In consideration of my child participating in this sport, consent is given for emergency medical treatment, hospitalization or other medical treatment by a physician and/or hospital in the event of injury or illness, and waive any liability of Calvary Chapel High School, its agents or employees arising out of such medical treatment.

Parent Signature: _____ Date: _____

**BRING THIS FORM WITH YOU IN ORDER TO PARTICIPATE IN ANY OF THE SUMMER SESSIONS/YOUTH
CLINICS/OPEN GYM DATES**