Redington Volleyball Club invites you to our Middle School Fall Clinics

Who: Open to any athlete 6th – 8th grade. Girls and boys in any school district are welcome. Boys must not be a member of a USAV club.

When: Saturdays 8 September – 27 October

Where: Emily Gray Junior High School, 11150 E Tanque Verde Rd, Tucson, AZ

Time: 8 – 10 am

Cost:  8 week session $160 or 4 week session $90

*------------------ Girls Arizona USA Volleyball club try-outs are in November---------------------*

U14 Athlete NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date (day month year) \_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL Athlete ATTENDS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE FOR 2018-19: \_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN NAME­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY & STATE: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Experience playing volleyball: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-shirt size (circle one): YM YL YXL Adult S Adult M Adult L Adult XL

Any allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Any Health Restrictions or Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I wish to register for the following sessions: (All clinics are held from 8:00am – 10:00am)

□ 8 week session Sept. 8- Oct. 27 $160 **or**  □ 4 week session $90

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby grant permission for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the 2018 RVC MS Fall Clinic. I represent & warrant to you that the athlete is physically & mentally able to participate in all activities. I have no knowledge of any physical impairment that would be affected by the above named athlete’s participation in the open gym program. I hereby authorize the staff of Redington Volleyball Club (RVC) to act for me according to their best judgment in any situation that may arise during the sessions. In any emergency requiring medical attention, I hereby waive & release the club, support staff, and any/all facilities, including potential transportation to a medical facility, except for injury directly resulting from gross negligence or willful misconduct. Insurance is not provided by Redington Volleyball Club.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Redington Volleyball Club (RVC) regularly updates their website, Facebook page and promotional literature with pictures of athletes and teams throughout the season. I hereby agree that RVC and coaches may use images of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on its website or in promotional literature. These images may include, but are not limited to, photographs, video, and other multimedia images. RVC and coaches may use these images on its website, Facebook page, promotional or informational literature and any other medium related to the function of RVC. I understand these images may be used by RVC and coaches, in conjunction with its sponsors. I agree to indemnify and hold harmless RVC, its director, officers, and coaches from and against any and all liability arising out of or in any way connected with the use or publication of these images.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*Please send form with check payable to: **Redington Volleyball Club**

Mail to: ATTN: RVC Fall MS Clinic  [814 S. Sierra Nevada Dr. Tucson, AZ 85748](https://maps.google.com/?q=814+S+Sierra+Nevada+Dr+85748&entry=gmail&source=g)

For more information, contact: Club Director - Chris Rietz (520)-977-0655 redingtonvolleyball@gmail.com

[**www.redingtonvolleyball.weebly.com**](http://www.redingtonvolleyball.weebly.com)

**RVC PLAYER Code of Conduct**

**I will use good sportsmanship on and off the court.**

**I will use encouraging words and be a positive force for my team.**

**I will do my part. I am responsible for setting up and breaking down practice equipment and coming ready to play.**

**I will work hard and honestly to improve my performance and participation.**

**I will play by the rules of volleyball.**

**I will treat all those involved in the clinic with dignity and respect.**

**I will be “Team” focused.**

**I will play hard and have fun!**

**Player Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**