2015 Summer Clinics GIRLS VOLLEYBALL

Girls grades 5-9, and adults interested in coaching/assisting with teams! 10a-Noon beginning level of play, 1-3pm Intermediate to advanced. Coaches may move players on first day!

Signup for Session#1: July training: M-Th, July 13-16, @ Kingston Middle School
Signup for Session#2: Aug training: M-Th, Aug 10-13, @ Poulsbo Middle School

FOR MORE INFO, CALL
City of Poulsbo Parks and Recreation
360-779-9898
Fax: 360-779-5917 or contact by email to: jschiel@cityofpoulsbo.com

Please mail completed form to:
City of Poulsbo P&R Basketball,
200 NE Moe Str., Poulsbo, WA 98370

Fee: $89 per session. Seasons of experience:____ Played on a school team? yes____ no____

___ Parent Initials here indicating review of concussion information, as provided on the City of Poulsbo Sports website: https://www.cityofpoulsbo.com/parks/documents/concussioninformation.pdf

Moms and Dads! Are you interested in coaching a Fall team?

If you have some free time that you can contribute to a very exciting (and potential long time hobby!) please give us a call! The kids really do benefit from our efforts and so will you!

Please contact Joe at P&R; 360-731-1938, or jschiel@cityofpoulsbo.com

Parental/Legal Guardian Assumption of Risk, Waiver and Release

I (we) am/are the parent(s) or legal guardian of _____________________________ (Child’s Name) who desires to be a participant in the City of Poulsbo’s sponsored recreational activity of __VOLLEYBALL__ Clinic practice, drills and scrimmages____________________ (Describe)

It is important to me (us) that this child be allowed to participate in this activity. I (we) understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death or other harmful consequences which may arise directly or indirectly from the child’s participation in this activity. Being fully informed as to these risks and in consideration of the City of Poulsbo allowing my child to participate in this sponsored activity and/or use of the City of Poulsbo’s facilities I (we), on behalf of myself (ourselves) and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child’s participation in the activities or use of the City of Poulsbo’s facilities. I (we) further agree, individually and on behalf of the above-named child, to release and hold harmless the City of Poulsbo, its officials, employees, volunteers and agents and agree to waive any right of recovery that I (we) may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the Child’s voluntary participation in this activity. I (we) grant my (our) full and voluntary consent for the above-named child to participate in the activity described.

I hereby consent to allow my child’s picture or likeness to appear in any official document, Member website, sponsor advertisement and/or Member produced television coverage of sponsored recreational activity without compensation to me.

Parent(s) / Legal Guardian Signature(s) _____________________________ Date ____________ Parent(s) / Legal Guardian Printed Name(s) _____________________________ Date ____________

Parent(s) / Legal Guardian Address _____________________________ Email _____________________________ Phone/cell _____________________________

Child Participant Address _____________________________ Phone _____________________________