



Cleveland Volleyball Company Specialty Training Sessions

**Middle and Right Side Hitter Training
Mondays: April 12th-May 17th**

The Cleveland Volleyball Company will provide specialty training sessions for any age player. The focus of the sessions will be to improve techniques as well as in game decision making. Players from any school or club are welcome to attend our clinics. All sessions will be held at Ohio Nets Sports Complex. The sessions will be coached by our Cleveland Volleyball Company Elite Training Staff. All sessions are Mondays from 5-6pm and are for 6 weeks.

Registration Deadline: April 7th. Cost is \$60 per 6 week session.

Cleveland Volleyball Company Specialty Training Session Registration Form

Please complete registration form and send along with registration fee (payable to CVC) to: CVC Specialty Sessions: 12665 Corporate Drive, Parma, Ohio 44130

Player's Name _____

Address _____

(street) (city) (zip)

Home Phone(_____) Parent cell (____) _____

Email _____ School _____ Grade: _____ Height: _____

CVC/Ohio Nets Sports Complex Waiver / Exclusionary Clause

I, the undersigned parent/guardian, in enrolling at Ohio Nets Sports Complex (ONSC), understand that he/she, in attending any program and using the facilities, does so at his/her own risk. Cleveland Volleyball Company (CVC), ONSC, its owners, employees, and agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and his/her family in or about the premises. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she does hereby fully and forever release, discharge, and hold harmless CVC, ONSC, and all associated facilities, and its associated facilities, and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future, resulting from or rising out of any person's participation in any pro-grams or use of its facilities. In addition, he/she agree(s) to follow the rules of play and conduct set by CVC and ONSC. He/she understand(s) that failure to do so may result in suspension from participation. I also give permission for the free use of my child's/ward's name, picture, and/or likeness in any article, broadcast or other account of the volleyball/basketball program, including but not limited to, promotion of future events or other promotional use.

Consents: I, the undersigned parent/guardian of: _____ do hereby grant authority to the staff of Ohio Nets Sports Complex to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence.

(Signature of Parent or Guardian)

(Date)

Emergency Contact Name: _____

Phone: _____