CVC Vision II

If you're a volleyball player who is:

A beginner who wants to improve your skills without making a commitment to a volleyball club team or…..

A more experienced player who wishes to play other sports or just doesn't want to travel, but wants to improve……

A player who has just completed our first Vision session and is looking to continue thru the Spring…..*Our Vision Program is for you!*

Vision is an in-house instructional program that will form "teams" based on skill level. The "teams" will work on skills and game strategies throughout the 5 week session. Don't miss this great opportunity to improve your skills!

When: Fridays from 4:30-6:30pm beginning April 23rd and ending May 28th.(no class April 30th)
Where: Ohio Nets Sports Complex
Cost: $180.00
Deadline for registration: April 20th

\- -

Vision Registration Form

Player's Name____

Address____
(Street) (City) (Zip)

Home Phone_(__________)______________Parent Cell Phone(_________)_________________

Player's email:__________________________Parent email:_____________________________

School:______________________________________Grade:_________Height:_____________

Check all that apply: O Beginner O Have club experience O Play other sports

Emergency Contact Name:____________________________________Phone:_______________

Return this form and payment of $180.00 to :

Cleveland Volleyball Company-VISION : 12665 Corporate Drive, Parma, Ohio 44130

****

CVC/Ohio Nets Vision Program -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 harm-less 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: ______________________________(Participant name-printed) 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)