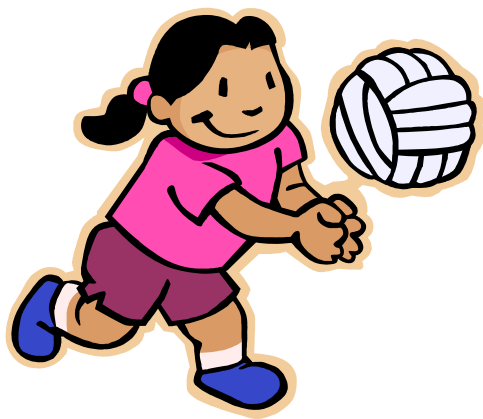


# Fall Sprouts Volleyball Program



**Who:**

**Pre-K thru 3<sup>rd</sup> grade girls and boys!**

**What:**

**Sprouts is a 6 week instructional program designed to teach the game of volleyball with age appropriate instruction, drills, and FUN!**

**Where:**

**Ohio Nets Sports Complex  
12665 Corporate Drive, Parma**

**When:**

**6-7pm every Thursday, September 10<sup>th</sup>- October 15<sup>th</sup>**

**How:**

**Send the registration form and \$70 registration fee payable to CVC by September 5<sup>th</sup> to:  
CVC Sprouts, 12665 Corporate Drive, Parma, Ohio  
44130**

**Questions? Call 216-676-4522 or email [cvc@integrity.com](mailto:cvc@integrity.com).**

## CVC/Ohio Nets Sprouts Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

School: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_

### Method of Payment

Check: \_\_\_ Visa: \_\_\_ MasterCard: \_\_\_ American Express: \_\_\_

Credit Card#: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Make Checks Payable to CVC

Mail Payment and Completed Registration Form to:

CVC Sprouts

12665 Corporate Drive

Parma, Ohio 44130

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### 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. CVC, ONSC and 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 programs 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 program, including but not limited to, promotion of future events or other promotional use.

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### Consents

I, the undersigned parent/guardian of:

\_\_\_\_\_  
(Name of Participant)

do hereby grant authority to the staff of CVC or 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)