

Summertime Sprouts



Who: Kindergarten- 3rd grade girls and boys!

What: An 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, Ohio 44130

When: Tuesdays and Thursdays from 9:00-10:00am
beginning July 15th thru July 29th

How: Send the registration form and \$60.00
Registration fee by July 10th to:

Cleveland Volleyball Company- Sprouts
12665 Corporate Drive
Parma, Ohio 44130

Summertime Sprouts Registration Form

Player's Name: _____

Address: _____
(street) (city) (zip)

Home Phone: () **Parent's cell:**()

Parent's email: _____ **School:** _____

Date of Birth: _____ **Grade: (Fall '10)** _____

Emergency Contact Name: _____ **Phone:**()

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 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/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
(Participant name-printed)

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)