

**VB Clinic Registration Form**

*You must arrive 20 minutes prior to start time*

**Date: Saturday: April 6, 13, 20, 27 -- Time: 9:00 – 11:00 AM**

**Date: Sundays: April 7, 14, 21, 28 -- 6:30 – 8:30 PM**

**Location: Main gym Campbell Community Center [1 West Campbell]**

**All Ages, Walk-ins welcome**

**PLEASE PRINT:**

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Player’s First Name Player’s Last Name

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Parent’s Name or Guardian Player’s Date of Birth Player’s Age

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Address City Zip Code

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Email address – required for all club communications Cell Number

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Person to contact in case of Emergency Cell Number

Fee (*Non-Refundable*) Cost: $580.00 / $80 per day

Make Check Payable to: Tropical Touch Volleyball Club

I hereby authorize the staff of Tropical Touch Volleyball Club to act on my behalf according to their best judgment in any emergency that requires that my child receives medical attention. I hereby waive and release Tropical Touch Volleyball staff, Campbell Community Center staff, Directors and Volunteers from all liability for any injuries sustained by my child while participating in the Tropical Touch Volleyball clinic. Furthermore, I have no knowledge of and physical impairment in my child which would be affected by participation in the Tropical Touch Volleyball clinics.

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**Signature of Parent or Guardian Date**

**Contact: Lila Plunkett at (408) 455-6276 or email: tropicaltouchyvbc@gmail.com**