

LEGACY VOLLEYBALL

Developmental Team Open to Girls 7th through 11th Grade

- Who:** Girls 7th through 11th grade
- Why:** *The purpose of this team is to train players not playing club volleyball during the 2010 season, in an effort to improve their fundamentals for their next high school season.*
- Dates:** January 2nd, 2010 through May 30th, 2010
- When:** Fridays 6pm – 8pm and one Saturday or Sunday afternoon (to be announced at a later date)
- Deadline:** December 1st, 2009
- Cost:** \$600 due with registration and \$300 per month on January 1, 2010, February 1, 2010 and March 1st, 2010
- To Register:** Print this form, complete the medical release below, and mail with a check payable to Legacy VBC to: Kim Thompson c/o Legacy Volleyball Club
26521 Brooks Circle
Stevenson Ranch, CA 91381
- Where:** Velocity Sports Performance Center
25461 Rye Canyon Road
- Questions:** Contact Kim Thompson (661) 287-9120 x235 or kim@legacyvbclub.com

MEDICAL RELEASE APPROVAL

Name of Athlete _____ Age _____ Grade _____ School _____
Past Health _____ Past Injuries _____
Present Medication _____ Allergies _____
Insurance Company _____ Policy # _____ Policy Holder _____
Insurance Company Address _____

I verify that my child has been checked by a licensed physician and is physically able to participate in the Legacy Volleyball clinics. I hereby agree and promise that I will not hold Legacy Volleyball nor its employees responsible for any loss, damages, or personal injury received as a result of participation. I hereby authorize the directors of the Legacy Volleyball to act for my child according to their best judgment in an emergency requiring medical attention. I agree to allow my child to be treated by a certified athletic trainer or licensed physician (if necessary) and to assume costs related to such treatment. Also, I authorize the disclosure of medical information to my insurance for the purpose of claim.

Parent or Guardian Signature _____ Print Name _____ Date _____
Street Address _____ Zip _____
City _____ State _____ Home () _____ Cell () _____
Email _____