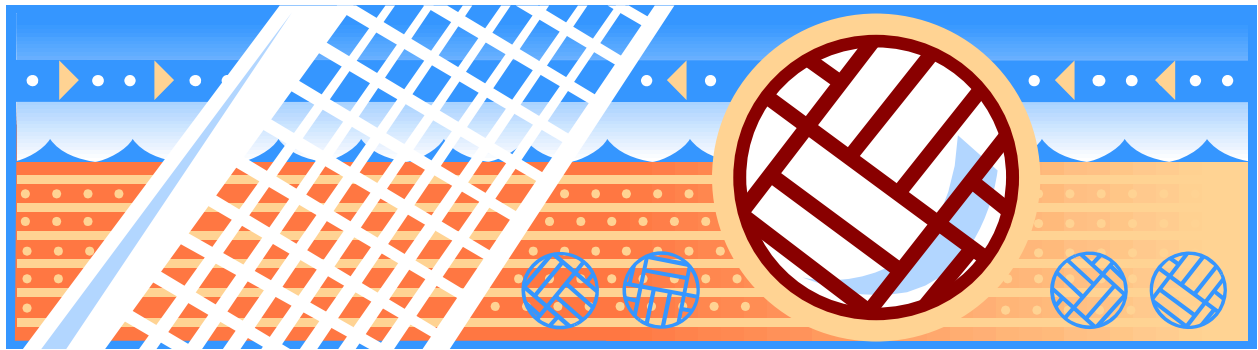




TEAM VOLLEYBALL CLINIC



Skill & team development will be emphasized.
Coaches shall attend.

When: Friday, September 5th, 2008

Time: 4:00pm-7:00pm

Where: Sierra High, Large Gym

Who: All MUSD elementary teams

Cost: \$5.00 per athlete. Minimum of 6 players per team.

RSVP by Tuesday, September 2nd. Reserve a spot for your team by e-mailing Coach Liotard at tliotard@musd.net

Please fill out Registration form on back and bring with you to the clinic



Voluntary Activities Participation Form – Acknowledgment and Assumption of Potential Risk

SCHOOL: _____

STUDENT'S NAME: _____

BIRTH DATE: _____ AGE: _____ SEX: _____

PARENT'S NAME: _____

HOME#: _____ WORK#: _____

ADDRESS: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE NUMBER: _____

INSURANCE CARRIER: _____ POLICY # _____

_____ Check here if there are any special medical problems of which the staff should be made aware of.

ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I understand and acknowledge that the above named school activity and/or sport by its very nature, poses the potential risk of serious injury/illness to my son/daughter should he/she choose to participate. I understand and acknowledge that some of the injuries/illnesses which may result from participating in this activity and/or sport include, but are not limited to sprains/strains, fractured bones, unconsciousness, head and/or back injuries, etc. Basic First Aid will be administered for minor injuries by trained personnel and, if necessary, medical personnel will be called. I understand and acknowledge that participation in this school activity and/or sport is completely voluntary. I understand and acknowledge that in order to participate in this school activity and/or sport I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities. I understand, acknowledge, and agree that Manteca Unified School District and Manteca Unified Student Trust (MUST), its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in the school activity and/or sport. I am aware of my responsibility for medical and dental insurance for my son/daughter and my financial responsibility for any medical and/or dental services necessary in the event of injury to my son/daughter while participating in this activity.

I acknowledge that I have carefully read this Voluntary Activities Participation Form --Acknowledgment and Assumption of Potential Risk and that I understand and agree to its terms.

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____