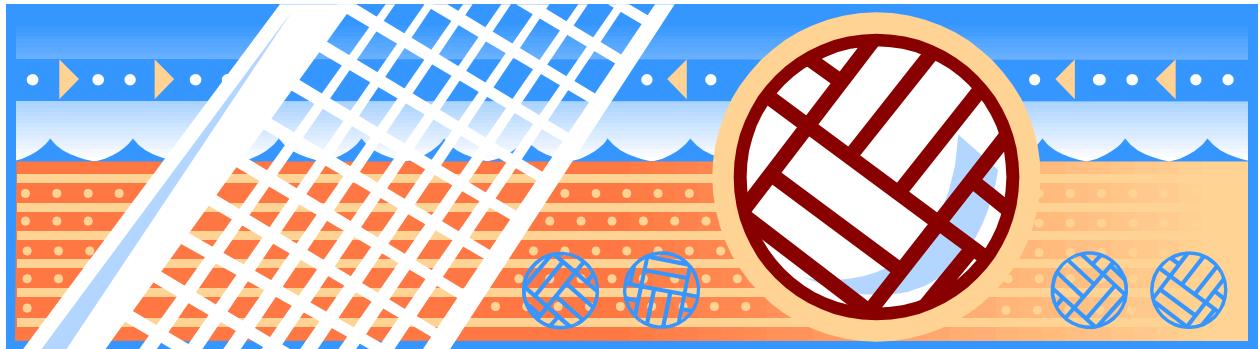




# TEAM VOLLEYBALL CLINIC



Skill & team development will be emphasized.  
It is recommended that Coaches attend.

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When: Friday, September 4th, 2009

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.  
(*Cash Only please*)

RSVP by Tuesday, September 1st. Reserve a spot for your team by  
e-mailing Coach Liotard at [tliotard@musd.net](mailto: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 sports activity 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 activity 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 activity is completely voluntary. I understand and acknowledge that in order to participate in this school activity and/or sport activity I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities. In consideration for Manteca Unified School District (MUSD) and Manteca Unified Student Trust (MUST) allowing my child to participate in this voluntary sports activity, I voluntarily agree to release, waive, discharge, and hold harmless MUSD and MUST and their trustees, officers, employees and agents from any and all claims of liability arising out of their negligence, or any other act or omission which causes my child's injury/illness and damages of any nature in any way connected with my child's participation in this activity. 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 voluntary 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 OR LEGAL GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_