

2015 Elevate Athletics Clinic Application

Player's name _____ date of birth _____

Full Address _____

Volleyball Experience _____

Where did you hear about Elevate? _____

Who referred you to our camp? _____

Parent's name _____ cell phone _____

Home phone _____

Parent's name _____ cell phone _____

Home phone _____

Email address(es) for important club correspondence:

I understand that volleyball is a strenuous sport and agree to hold harmless Elevate Athletics, its owners and coaches, and Freedom Preparatory Academy, its staff and owners, from any liability associated with injuries or illness sustained in the course of practice, competition, and travel associated with the activities of the club. I certify that my child is in physical condition such that she is able to play volleyball without risk to her general health. I understand that injuries are part of participation in high level sports training and competition.

X _____ date _____