

# SPVB and LEGACY SPORTS VOLLEYBALL CLINIC REGISTRATION FORM



FULL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

GRADE: \_\_\_\_\_ COVERSCHOOL: \_\_\_\_\_ # OF YEARS PLAYING VOLLEYBALL: \_\_\_\_\_

COVERSCHOOL ADMINISTRATOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PLAYERS CELL: \_\_\_\_\_ PLAYERS EMAIL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ FATHER'S ADDRESS: \_\_\_\_\_

FATHER'S CELL: \_\_\_\_\_ FATHERS EMAIL: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ MOTHER'S ADDRESS: \_\_\_\_\_

MOTHER'S CELL: \_\_\_\_\_ MOTHER'S EMAIL: \_\_\_\_\_

PLEASE CHECK ALL THAT APPLY:

**CLINIC #1:** JUNE 22 – 24 \_\_\_\_\_ \$75

JUNE 22 \_\_\_\_\_ JUNE 23 \_\_\_\_\_ JUNE 24 \_\_\_\_\_ \$30 PER DAY

**CLINIC #2:** JULY 20 – 22 \_\_\_\_\_ \$75

JULY 20 \_\_\_\_\_ JULY 21 \_\_\_\_\_ JULY 22 \_\_\_\_\_ \$30 PER DAY

\*\*\*TRYOUTS WILL BE JULY 23 & 24. BOTH CLINICS ARE HIGHLY ENCOURAGED BUT PLEASE PLAN TO ATTEND THIS SESSION IF TRYING OUT\*\*\*\*

MAKE CHECKS PAYABLE TO: LEGACY SPORTS

MAIL REGISTRATION FORM, WAIVER, AND PAYMENT TO: Legacy Sports, P.O. Box 366, Gardendale, AL 35071

PARENTS MUST SIGN: I \_\_\_\_\_ / \_\_\_\_\_  
(PRINT) (SIGNATURE)

AGREE TO THE TERMS OF FULL PAYMENT AT THE TIME OF REGISTRATION. I UNDERSTAND THAT PARTICIPATION IN ANY PORTION OF THE CLINICS DOES NOT GUARANTEE A SPOT ON LEGACY'S TEAM.