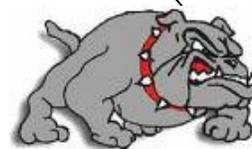


2017
TRACY HIGH
VOLLEYBALL
CLINICS



WHO: Tracy High Volleyball

WHAT: Volleyball clinics for 4th-8th grade girls and boys

WHERE: Tracy High School Main Gym

WHEN: 4/8, 4/29, 5/6, 5/20, 6/3 **TIME:** 9:00am - 11:00am

COST: \$25 per session

WHY: To allow players to gain volleyball experience BEFORE they try out for the high school team.

Or, to just have fun and gain knowledge and basic skills of the fun and exciting game of volleyball.

PRE-REGISTER: Please send this form filled out and signed, along with your payment (**BY 3/31**) to:

2421 W. Lowell Ave. Tracy, CA 95376 (Please make checks payable to Tracy High Volleyball). If you miss the 3/31 deadline, please come early to register at the clinic.

QUESTIONS? Contact Coach Mahina McCamey at 209-814-4006 (text is best) or email at: mmccamey@tusd.net (March, April, May) or hinabeans@att.net (June and July)

***"Like" our Facebook Fan Page at Tracy High Volleyball to stay up to date with information regarding our program.**

Player's name: _____ DOB _____

Address: _____ City: _____ Zip: _____

Phone #: _____

E-mail: _____

Year Entering high school: Fall _____

Planning on attending Tracy High? YES NO

Years of experience _____

Height: _____

Emergency Contact: _____

Emergency Contact #: _____

I hereby authorize Tracy Public Schools, their employees, agents and camp volunteers to act for me according to their best judgment in any emergency requiring medical attention. Also I hereby waive and release Tracy Public Schools, their employees, and agents and camp volunteers from any and all liability for injuries, illnesses or loss of property incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program as outlined in the brochure. My signature on this waiver also states that the above named camper is covered by my personal medical insurance policy.

Signature (Parent/Guardian)

_____ Date _____