



5th-7th Grade Volleyball Clinic 2017

Name _____ Phone _____

Grade _____ E-mail _____

Father/Guardian _____

Cell Phone _____

Mother/Guardian _____

Cell Phone _____

Family Physician _____

Phone _____

Authorized Emergency Person _____

Phone _____

Special Health/Emergency Information: _____

Parent Signature _____ Date _____

Clinic Dates: May 15, 16 & 17

Cost: \$50

Due: Monday May 1

2017 Volleyball Try-outs: May 18

* **Remember:** if you have linked your bank account to your **FACTS** account, you no longer need to submit checks for incidentals! This cost will be added to your child's **FACTS** account to be automatically drafted from your bank.