



TERRA LINDA HIGH SCHOOL VOLLEYBALL CLINIC



For incoming 6th-9th grade girls and boys
July 5th and 6th, 10 a.m. – 1 p.m.

The clinic will be led by Terra Linda Varsity Volleyball Head Coach Susan Huffman along with other Terra Linda volleyball coaches and varsity players.

All proceeds from the clinic benefit the TL Volleyball Program.

Please bring a water bottle and bag lunch.



To register: Cost is \$75. Fill out the bottom portion of this flyer with a check made out to Terra Linda High School and mail to: Terra Linda High School, ATTN: Susan Huffman VB CLINIC REGISTRATION, 320 Nova Albion Way, San Rafael, CA 94903

Participant Name: _____ Grade (Fall '18): _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

Parent/Guardian name: _____ Parent/Guradian phone: _____

Emergency contact name: _____

Emergency contact phone: _____

Medical insurance name: _____ Medical insurance #: _____

I hereby request permission for _____ to participate in the 2017 Volleyball Clinic. I represent & warrant to you that the camper is physically & mentally able to participate in all camp activities. I hereby authorize the staff of Terra Linda High School to act for me according to their best judgment. In any emergency requiring medical attention, I hereby waive & release the camp for any &/or all facilities or in transportation to a medical facility. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program. I, the undersigned parent or guardian, do hereby authorize the Terra Linda High School staff to secure any & all medical treatment in the event that I cannot be contacted. I further authorize any attending physician to render any & all medical care which he or she may deem necessary. It is understood that, in any event, an attempt will be made to contact the parent before treatment is started. I, the undersigned parent or guardian, understand that Terra Linda Volleyball Clinic does not provide medical insurance for my child & certify that my child is physically fit to attend Terra Linda Volleyball Clinic and participate in all clinic activities.

Parent/Guardian Signature: _____ Date: _____

If you have questions, please contact Terra Linda Varsity Volleyball Coach, Susan Huffman at huffmania12@gmail.com or 415-606-3004