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**Denton Guyer Volleyball Clinic**

Athlete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade (2014-2015):\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt Size: YM YL S M L XL XXL

I give consent for my child to participate in the Denton Guyer Volleyball Clinic. I release Denton ISD from all possible liability. I understand that each contestant participates at her own risk, and is responsible for her own conduct, transportation, and safety.

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Attending: \_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

***\* All registrations are final, no refunds unless clinic is cancelled.***

***There must be a minimum of 15 participants and maximum of 30 participants per clinic.***

Please check the session(s) you will be attending:

\_\_\_\_ Session I: Thursday, February 12, 19, 26 5:30-7:00 PM (Deadline to register 2/10/2015, payment by 2/12/2015)

Session II: Thursday, March 5, 12, 26 5:30-7:00 PM (Deadline to register 3/3/2015, payment by 3/5/2014)

\_\_\_\_ Session III: Thursday, April 9, 16, 23 5:30-7:00 PM (Deadline to register 4/7/2014, payment by 4/9/2014)

Each session cost $60

Amount included\_\_\_\_\_\_\_\_\_\_

Contact Information:

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***Make checks payable to: Guyer Volleyball attn. Addie Mack***