



# Beginner Volleyball Clinic

## "Li'L Scotties Spikers"

### REGISTRATION FORM



Player Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

#### Emergency Contact Information

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

#### Photo Release Consent

During the clinic, players may be photographed. Pictures may be used for sharing within the Ballston Spa Volleyball Community via social media. Please indicate your preference below:

\_\_\_\_\_ I agree to allow my child to be photographed at the Ballston Spa Volleyball Clinic

\_\_\_\_\_ I prefer my child NOT be photographed

We look forward to seeing out Li'l Spikers soon!

