



FREE VOLLEYBALL CLINIC

Truman Volleyball is hosting a free Kid's Clinic for Girls and Boys in grades K-8 on Friday, Aug. 26th at 6:00pm in Pershing Arena on the Truman State University campus.

Immediately following the clinic at 7:00pm, there will be an intrasquad Purple/White Scrimmage where the kids can see the 2016 Truman Volleyball team in action! Following the match, there will be an autograph session with free posters. There will also be pizza and drinks for sale!

Contact Assistant Coach Megan Wargo-Kearney at mwargo@truman.edu or 660-341-9610 for any questions. No advanced sign up required, simply come to Pershing Arena with your registration form!

Friday August 26th 6:00 pm

Registration Form

Name: _____

E-Mail: _____

Phone: _____

School: _____

Address: _____

Emergency Contact Name/Phone: _____

By signing below, I understand that I am authorizing the participant named above to attend the Truman State University Volleyball Clinic and to participate in that camp actively and fully. I understand that this activity carries with it the potential for personal injury, and I accept this risk on behalf of my child. On behalf of my child and myself, I hereby release the University, its officers, and employees, including the Athletic Department and its staff, from any liability or claims for damages arising from personal injury sustained by my child during this activity. My child and I understand the nature of the risks of injury involved in this activity and I assume all responsibility for any injuries incurred during participation at this camp. I know of no mental or physical problems that might adversely affect my child's ability to participate in this camp. I understand further that I will be responsible for any expenses incurred on behalf of the participant in connection with any first aid, medication, medical treatment, or surgery that may be deemed medically necessary on account of any injuries sustained in this activity. I hereby authorize the certified athletic trainer to secure any needed medical treatment for this participant and to execute whatever documents and releases are necessary for securing such medical treatment in the event that I am not immediately available to do so. I further state that this participant is covered under a policy of medical/health insurance with:

INSURANCE COMPANY: _____ POLICY NUMBER: _____

I understand that the University will carry no health insurance coverage on the participant during this camp activity, and I am fully responsible for any and all medical expenses incurred on behalf of the participant.

PARENT/LEGAL GUARDIAN'S SIGNATURE

DATE