

Pinellas Heat Elite Volleyball Club

Registration Form

Mailing Address: 1490 N. Belcher Rd, Suite E, Clearwater 33765

Athlete's Name _____ DOB _____ Age _____

Address _____ City _____ Zip _____

Home Phone _____ Athlete's Cell _____ Athlete's Email _____

Mother's Name _____ Mother's Cell _____

Mother's Email _____ Mother's Home Phone: _____

Father's Name _____ Father's Cell _____

Father's Email _____ Father's Home Phone: _____

Address to email information? Mother's Email Father's Email Both

<p>High School Refresher Clinics: Session #'s _____</p> <p>High School Specialty Clinics: Date _____ Position Session _____</p>	<p>Private Training @ the Athletic House: Instructor _____</p> <p>____ Individual Training \$50 ____ 2 Player Training \$35 per player ____ 3 Player Training \$25 per player ____ 4 Player Training \$20 per player ____ Individual Packages \$320.00 - 8 hour-long lessons</p>
<p>Boys & Girls Middle School Refresher Clinics: Session #'s _____</p> <p>Boys & Girls Middle School Specialty Clinics: Date _____ Skill Session _____</p>	<p>July Volleyball Camp @ the Athletic House July 12 - July 28 Monday & Wednesday</p> <p>____ 3:00-5:00 \$80 per player (Advanced) ____ 5:00-7:00 \$80 per player (intermediate) ____ 7:00-9:00 \$80 per player (beginner)</p> <p style="text-align: center;">Please select t-shirt size: ____ Youth med. ____ Youth Lrg ____ Adult Small ____ Adult Med ____ Adult Lrg</p>
<p>2010 Fall Mini-Club September 6th- October 30th TBA</p>	

In the event that my daughter or son is injured or becomes ill while attending a Pinellas Heat Elite Volleyball program, I give my permission for the staff to administer first-aid. I release the staff from any claims from injuries sustained during camp/clinic/training and play. I also certify that my daughter or son is in good physical health and that she/he will notify staff members of any conditions that may impair his/her ability to participate in all activities. In the event of an injury I will not take legal action against Pinellas Heat Elite Volleyball Club, Inc. or any person affiliated with Pinellas Heat Elite Volleyball Club, Inc.

Parent/Legal Guardian Signature _____ Date _____