



## 2009 SUMMER SPORTS CLINICS REGISTRATION FORM

<input type="checkbox"/> <b>Volleyball Clinic</b> (ages 10-14)	Aug. 3-7	9:00 a.m.–noon	\$125
<input type="checkbox"/> <b>Volleyball Clinic</b> (ages 15-18)	Aug. 3-7	1–4:00 p.m.	\$125
<input type="checkbox"/> <b>Boys Basketball Clinic</b> (ages 8-15)	July 20-24	9:00 a.m.–3:00 p.m.	\$125
<input type="checkbox"/> <b>Girls Basketball–Three Clinics</b> (ages 10-17)	Aug. 12-14	5–9:00 p.m.	\$90
<input type="checkbox"/> <b>Girls Basketball Clinic</b> (ages 10-17)	Aug. 12	5–9:00 p.m.	\$35
<input type="checkbox"/> <b>Girls Basketball Clinic</b> (ages 10-17)	Aug. 13	5–9:00p.m.	\$35
<input type="checkbox"/> <b>Girls Basketball Clinic</b> (ages 10-17)	Aug. 14	5–9:00 p.m.	\$35
<input type="checkbox"/> <b>High School Soccer Clinic</b> (ages 14-17)	July 13-17	5–8:00 p.m.	\$125
<input type="checkbox"/> <b>Youth Soccer Clinic</b> (ages 6-13)	July 6-10	9:00 a.m.–1:00 p.m.	\$125
<input type="checkbox"/> <b>Girls Softball Clinic</b> (ages 8-16)	June 22-26	9:00 a.m.–1:00 p.m.	\$100

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade (in Fall '09) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Phone \_\_\_\_\_

Health concerns/conditions/allergies: \_\_\_\_\_

*In case of medical emergency where I cannot be reached, I hereby give permission to transport and admit my child to a local hospital for the purpose of emergency medical treatment. I release Holyoke Community College, its employees and agents from any liability for player injuries sustained during competition or instruction or incurred during the transportation and admission of my child to a local hospital for emergency medical treatment. I certify that my child is in good health and can participate in the physical activities associated with the clinic(s) noted above without limitations. Parents and legal guardians are responsible to communicate directly to the Staff all allergies, medical concerns and conditions before the start of this program. Players are expected to have their own medical insurance. I also confirm that my child/children have had all health immunizations, are in good health and can participate in challenging, athletic activities without limitation. I as parent/guardian agree to all of the above.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Credit Card: VISA  MC  Discover

Amount \$ \_\_\_\_\_ Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

Please make check payable to: "HCC Community Services" and mail to Holyoke Community College • David M. Bartley Center for Athletics & Recreation • Summer Clinics • 303 Homestead Avenue • Holyoke, MA 01040