

PENN VOLLEYBALL SPRING CLINIC 2016

RECEIVE INDIVIDUAL COACHING FROM COACH HENDRICKS AND HER STAFF

WHO: Any student currently in 6th- 8th grade (2015-16 school year)

WHERE: Penn High School Main Arena

WHEN: Saturday April 16th, 23rd, and 30th

Saturday May 7th and 14th

TIME: 4:00pm-7:00pm

COST: \$100.00 for 5 sessions



*We realize due to club or other circumstances you may not be able to make every session. If you can't make it to all sessions that is fine, we still want you to come for those that you can!!!

Participant's Name: _____ Age: _____ Grade: _____

Current School _____ T-shirt Size (Please circle): Adult: S M L XL

Parent or Guardian: _____

Address: _____

City: _____ St: . _____ Zip: _____

Home Phone: _____ Cell: _____

PLEASE SEND WAIVER, APPLICATION AND FEES TO:

Penn High School Volleyball Coach
Att: Sarah Hendricks
56100 Bittersweet Road
Mishawaka, IN 46545

*Please make checks payable to Penn Volleyball

WAIVER

I hereby waive, release and forever discharge the Penn-Harris-Madison School Corporation and the Penn High School Volleyball Clinic, including its staff, from any liability or claims arising out of any loss, personal injury, or property damage which may occur during participation in this camp. I have adequate hospitalization to cover such injuries that may occur during the Penn Volleyball Clinic.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Questions please contact Coach Hendricks at shendricks@phm.k12.in.us