



# Olmsted Falls High School Volleyball Junior Netters Program

Junior Netters is a volleyball program offered for girls and boys in grades 2-6 (Fall 2019). The goal of this program is to enhance the skills of students in the game of volleyball and have fun learning. The students are instructed by Olmsted Falls High School volleyball players and coaches. These clinics are intended for players who live in Olmsted Falls/Township, and/or who attend the Olmsted Falls City School District.

**COST:** \$50 (for registration before 4/15)  
\$55 (for registration after 4/15, and requested shirt size may not be available for registrations received after 4/15)

**TIME:** 5:45pm-7:00pm

**WHERE:** Olmsted Falls High School

**WHEN:** Mondays: September 9, September 16, September 23, September 30, and October 7. Tuesday, September 10<sup>th</sup> is Youth Volleyball Night at the OFHS volleyball match vs. North Olmsted. Any player wearing their Junior Netters t-shirt will be admitted free.

**PLEASE PLAN TO ARRIVE 10 MINUTES EARLY FOR CHECK IN ON THE FIRST DAY. WEAR ATHLETIC SHORTS OR SPANDEX, A T-SHIRT, AND ATHLETIC SHOES. BRING A WATER BOTTLE. KNEEPADS ARE OPTIONAL.**

Register Online @ [www.olmstedcc.com](http://www.olmstedcc.com)

Mail or drop off registrations to: Olmsted Community Center 8170 Mapleway Drive, Olmsted Falls, OH 44138.

Make checks payable to: OLMSTED COMMUNITY CENTER

Child's Name: \_\_\_\_\_ Grade (Fall '19) \_\_\_\_\_  
(First) (Last)

Parent(s) Name: \_\_\_\_\_

Parent(s) Email: \_\_\_\_\_

Child's Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Street) (City) (Zip Code)

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Emergency Contact (Not Parent): \_\_\_\_\_  
(First) (Last) (Phone)

Medical Concerns? Y / N If yes, please describe \_\_\_\_\_

T-shirt size: Adult S M L XL or Youth M L (circle one)

### Waiver

We the undersigned players and parents, release the officials, directors and school system from any liability in the event of an injury occurring while traveling to, from, or during competition in the Olmsted Falls Summer Camp. We also authorize the staff of the Olmsted Falls Summer Camp to act according to their best judgment in an emergency situation requiring medical attention and waive Olmsted Falls Schools from any and all liability for an injury incurred while participating in the camp. We have no knowledge of any physical impairment that would be affected by participation in this tournament. We further consent authorizing emergency medical treatment. OFVB is also not responsible for any lost or stolen items. OFHS Volleyball may capture photographs and use them for purposes of promotion, illustration and web content (Facebook/Twitter). By completing this form you agree that OFHS Volleyball may use image(s) of these registered player(s) in this capacity. If you do not wish for images of your player(s) to be used in this capacity, please reach out to Brigid Radigan at [bradigan@ofcs.net](mailto:bradigan@ofcs.net)

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