



Olmsted Falls Volleyball Junior Netters Program

Junior Netters is a volleyball program offered for girls and boys in grades 2-6 (Fall 2017). The goal of this program is to introduce and enhance the skills of students in the game of volleyball and have fun learning. The students are instructed by the 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 registrations received after June 1st) *T-shirt sizes not guaranteed after June 1st

***EARLY BIRD* \$45** (for registrations received before June 1st)

WHERE: All sessions will be held at Olmsted Falls High School on Monday evenings from 5:45pm-7:00pm.

WHEN: Mondays: August 21, August 28, September 11, September 18, September 25 (NOT September 4th)

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

Tuesday, August 29th is Youth Volleyball Night at the OFHS volleyball match vs. Lakewood.
Any player wearing their Junior Netters t-shirt will be admitted free.

Register Online @ 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 '17) _____
(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: _____ 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

Parent/Guardian Signature _____ Date _____

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