



Little Bulldogs Volleyball Clinics

The Olmsted Falls volleyball program will be holding clinics for Olmsted Falls girls and boys in grades K-2 (Fall 2017). The goal of the clinics is to develop beginner volleyball skills and to gain an appreciation for physical activity and being part of a team. Balloons and volley trainers will be used during skill play. Middle school coaches and players will serve as instructors and court coaches.

Dates: Tuesdays, September 12, September 19, September 26

Time: 5:15pm-6:00pm

Place: Olmsted Falls Middle School

Cost: \$25

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**

Registration must be completed by 9/11 to ensure accurate shirt size (distributed on 9/26). LATE REGISTRANTS & WALK-UPS WILL be accepted, but may not receive a T-shirt.

CHILD'S NAME: _____ GRADE (2017-2018 School Year): _____
(First) (Last)

PARENT(s) NAME: _____

PARENT(s) EMAIL: _____

PHONE (Home): _____ (Cell): _____

CHILD'S ADDRESS: _____ DOB: _____
(Street) (City) (Zip Code)

EMERGENCY CONTACT (not parent): _____
(First) (Last) (Phone)

ANY MEDICAL CONDITIONS FOR PARTICIPANT: _____

SHIRT SIZE: (Youth Sizes): YS (4-6) YM (8-10) YL (12-14) Circle one

Little Bulldogs Volleyball Clinics Waiver

We the undersigned parents, release the officials, directors and school system from any liability in the event of an injury occurring while competing in the Little Bulldogs developmental volleyball program. We also authorize the staff of the OF Volleyball Program to act according to their best judgment in an emergency situation requiring medical attention and waive and release Olmsted Falls Schools from any and all liability for an injury incurred while playing in the program. We have no knowledge of any physical impairment that would be affected by participation in this program. We further consent authorizing emergency medical treatment.

Parent Signature _____ Date _____

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