

FREE NYS + APEX Volleyball Clinic: Registration and Waiver Form

Dear Parent/Guardian:

We would like to invite your child to participate in our Volleyball Clinic at Public School 2 this winter. The clinic is collaboration between New York Strangers Sports Organization (NYSSO) and Apex for Youth (APEX). Both organizations are dedicated to youth development through sports and are very excited to be able to provide this clinic to the local community.

This 3-week volleyball clinic will be taught by experienced coaches and players from NYSSO and will serve to encourage future participation and development in the sport of volleyball. The clinic will be open to boys and girls from ages 10 to 14. Spots are limited, so please only sign-up if your child can attend all three days of the event.

Location:	PS2 Gym, 122 Henry Street, New York, NY 10002
Date & Time:	Saturdays: December 5 (4:30pm to 6:30pm) December 12 (4:30pm to 6:30pm) December 19 (4:30pm to 7:30pm)

*Cost is Free and we recommend attendance for all three dates (not required)

In order to register your child please fill out, sign and mail us the form below (below the dotted line). Your child will not be registered without a signed PARENT\GUARDIAN consent form. Deadline to register your child is November 31, 2015.

Send To: *New York Strangers Sports Organization, c/o Volleyball Clinic, 126 East 12th Street, #2B, New York, NY 10003*

By signing this letter I give permission for my child, _____ to participate in the New York Strangers Sports Organization Inc. Volleyball Clinic for the three dates noted above.

I will also make sure he/she will bring gym attire (sneakers, t-shirt, and gym shorts) and adequate fluids with them. In case of emergency, I should be contacted at:

Name: _____ Relationship to student: _____

Home Number: _____ Mobile Number: _____

Email Address: _____

I/we, the undersigned, hereby certify that I/we are the parent(s) or legal guardian(s) of the volleyball clinic participant. I/we hereby authorize the staff of the New York Strangers Sports Organization to act for me according to their best judgment in providing or arranging for emergency care in any emergency requiring medical attention. I/we hereby waive, release, absolve, indemnify, and agree to hold harmless any coaches, volunteers and employees from New York Strangers Sports Association, APEX for Youth and PS2 for any and all liability and for any and all injuries or illness incurred while at the volleyball clinic. I/we acknowledge that participation in this clinic may result in accidents and/or injuries and I expressly assume all risks and hazards incidental to such participation for my child. I have no knowledge of any physical impairment or health problems that would be affected by my child's participation in the New York Strangers Sports Association volleyball clinic.

By signing this form, I/we acknowledge that I have read and understand the above warning. ***I promise to drop off my child at 4:00PM and pick up my child at 6:30PM (7:30pm on Dec 19th)***

Parent's/Guardian Signature: _____ Date: _____