

2013 MENLO-ATHERTON VOLLEYBALL COMMUNITY CLINIC

The M-A Girls Volleyball team welcomes all kids 4–8th grade to participate in the Fall 2013 community clinic fundraiser. Focus will be on hitting, setting, passing, digging, blocking, serving, and ball control. The current M-A team will lead the clinic stations. Please join us for this wonderful opportunity to engage with positive role models and strengthen your volleyball skills! All proceeds go to the M-A Girls Volleyball program.



- What:** Menlo–Atherton Volleyball Community Clinic
- When:** 4th, 5th and 6th graders, Friday, September 27
7th & 8th graders, Friday, October 4
- Time:** 4:00 – 6:30 pm (Registration from 3:45– 4pm)
- Where:** Menlo–Atherton High School, Ayers Gym
555 Middlefield Rd, Atherton, CA 94027
- Cost:** \$30 (Cash or checks payable to “M–A Girls Volleyball”)
- Registration:** Go online to www.bearsathletics.org > Team Selection > Girls Varsity Volleyball > Camps & Clinics to pre-register. **Or sign up that day at the gym!**

Please contact head coach Ron Whitmill at ron_whitmill@comcast.net if you have any questions.

2013 Menlo-Atherton Girls Volleyball Community Clinic Registration Form

Supporting Menlo-Atherton Girls Volleyball

When: 4th, 5th & 6th graders, Friday, September 27

7th & 8th graders, Friday October 4

Time: 4:00 – 6:30 pm

Cost: \$30

Gender: M ☐ F ☐ **Age** _____ **Date of Birth** _____

Name: _____

School: _____ **Grade:** _____

Email: _____ **Phone:** _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____

Volleyball Skill Level: Beginner: ☐ Intermediate: ☐ Advanced ☐

Insurance Company: _____

Please make **checks payable to M-A Girls Volleyball** and mail along with entry form for each participant to: 2013 M-A Volleyball Community Clinic, 78 Deodora Drive, Atherton CA 94027. You can also turn in entry form and payment upon check-in at the clinic.

Waiver: In consideration of your accepting this registration, I, intending to be legally bound, do hereby for myself and my heirs, executors, and administrators waive and release any and all rights and claims or damages I may accrue against the persons and organizations affiliated with this clinic for any and all injuries that may be suffered by the participant while engaging in or en route to or from the event. I attest that the participant is physically fit and sufficiently trained for participation, his/her physical condition verified by a licensed M.D. during the last six months. As part of the waiver, I acknowledge that I have read and understood all of the above.

Date: _____

ALL PARENTS OR GUARDIAN OF PARTICIPANT MUST SIGN WAIVER.