

U**ALBANY** VOLLEYBALL CLINICS

WHEN:

February 21, February 28, March 7,
April 3, April 17, April 24

6:30pm — 8:30pm—Ages 18 and under

WHERE:

SEFCU Arena

These clinics are not like traditional clinics. Instead of us dictating the skill covered, the athlete will tell us what skill they would like to work on. For example, if serving is an area of need, just let the staff know upon arrival and serving will be a skill that is focused upon.. No skill request will be ignored.

Wear athletic attire and bring a water bottle

The clinics will be run by the
UAlbany Volleyball staff and team

COST

\$25 per session

Advanced registration not necessary, please complete the attached registration form and waiver. Only one form per year is needed.

CONTACT

Associate Head Coach

Josh Pickard

jpickard@albany.edu

MORE INFO

facebook.com/UAlbanyVB



2018 UALBANY SPRING VOLLEYBALL SKILLS CLINIC SERIES

Last Name: _____ First Name: _____

Age: _____ Grade: _____

Street: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Email: _____

Emergency Contact: _____

**** \$25 per session payable upon arrival****

Make all checks payable to: **University at Albany**

If you would like a receipt, please let us know and we will provide you with one at the time of registration.

University at Albany Spring Volleyball Clinics

Release and Waiver of Liability

I, _____, understand that participating in the UAlbany Spring Volleyball Clinic is a potentially hazardous activity. I know I should not participate in these clinics unless I am medically able and properly trained.

I assume all risks associated with participating in this event, including, but not limited to: falls, contact with other participants, faulty equipment, and all other such risks being known to me and appreciated by me.

Having read this Release and Waiver of Liability, and knowing these facts, and in consideration of the University at Albany accepting my entry to participate in the UAlbany Spring Clinics to be held on Tuesday, March 7 through April 18th, at the University at Albany Campus, Albany NY, I, intending to be legally bound, do hereby for myself, my heirs, my executors, and my administrators agree as follows:

1. I do waive and forever release any and all rights and claims for any damages and liabilities of any kind arising out of participation in said clinics against all persons, entities, and agencies involved with the promoting and holding said clinics, including, but not limited to, the State of NY, the University at Albany and their officers, directors, employees, servants, volunteers and agents.
2. I assume all risk of all bodily injuries including death, resulting there from, and personal injuries to me and damage to and loss of property, including loss of use thereof, and any other indirect or consequential damages, resulting directly or indirectly from my participation in the clinics and while traveling to and from the clinics.
3. I hereby agree, for myself and/or for a minor under the age of eighteen for whom I am signing, to indemnify, defend and hold harmless to entities named above from and against any and all claims, liabilities, losses, damages, costs, expenses, judgements, and penalties arising out of my, and/or said minors, acts or omissions to act.

Date: _____ Participant: _____ Parent: _____