

MOLTEN VOLLEYBALL CAMPS

FALL SKILL CLINICS

7TH – 12TH GRADE

BOYS AND GIRLS

| | | | |
|-------|----------------------|----------------------|----------------------|
| | Sundays 2:30-4 PM | Sundays 4-5:30 PM | Mondays 7-8:30 PM |
| Skill | Setting/Attacking | Passing/Defense | Attacking/Serving |

Skill Specific Instruction for Athletes of All Skill Levels
Starting September 5th
Ending October 25th

*\$60 for a 6-session punch card
And a Molten Volleyball Camp T-shirt
\$12 for individual sessions*

MVC Fall Skill Clinics will be held at:
Sports Advantage Center
807 Parkview Rd
Ashwaubenon, WI 54304

Mail or Drop-off Registration Form with check or money order payable to:

Molten Volleyball Camps
807 Parkview Rd
Ashwaubenon, WI 54304

Contact Tony Larocca with inquiries by email at tony.pedgewi@gmail.com or by phone, 920-632-4992

MVC FALL SKILL CLINICS

PLEASE PRINT CLEARLY

Athlete Information:

Name: _____

Birth Date: _____ Entering Grade: _____

Phone: _____

Address: _____

Email: _____

School attending in the fall: _____

Check here [] if you would like to be excluded from our email list for future events and activities.

T-shirt Size (Adult sizes): _____

2010 MOLTEN VOLLEYBALL CAMPS' LIABILITY WAIVER

I, the undersigned, have adequate insurance and am/are willing to take full financial responsibility for any and all injuries sustained by my son/ daughter/legal ward, _____, while participating in camp/clinic/league activities. I further knowingly and voluntarily waive any and all claims against and forever release the camp/clinic/league, its employees, Molten Volleyball Camps, and Club Fusion, Inc.

My insurance carrier is _____

Policy Number _____

Emergency Contact _____

Phone Number _____

My signature below will allow a coach or designated person to admit my son/daughter/legal ward to a medical facility and/or to the care of a physician, if conditions warrant such action. First notification will be to the emergency contact listed above.

Parent / Legal Guardian Signature

Date

Parent / Legal Guardian Printed Name

Checks Payable to: Molten Volleyball Camps

Punch cards: ___ x \$60 \$ _____

Individual Sessions: ___ x \$12 \$ _____

Total Fee = \$ _____

Mail to or drop off registration at: Molten Volleyball Camps, 807 Parkview Rd, Ashwaubenon, WI 54304