

MOLTEN VOLLEYBALL CAMPS SUMMER SKILL CLINICS

8TH – 12TH GRADE

BOYS AND GIRLS

	Mondays	Wednesdays	Fridays
Skill	Attacking	Passing/Serving	Setting/Defense

Skill Specific Instruction for Athletes of All Skill Levels

Starting July 12th

Ending August 13th

Morning sessions from 9 – 10:30 AM

Afternoon sessions from 2:30 – 4 PM

\$55 for a 5-session punch card

And a Molten Camp T-shirt

\$12 for individual sessions

MVC Summer 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

Early registration deadline is July 9. A \$5 late registration fee applies after July 9.

Contact Tony Larocca with inquiries by email at tony.pedgewi@gmail.com or by phone, 608-217-6531

MVC SUMMER 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): _____

Registration for Clinic: ('X' as necessary)

Week of	Mondays		Wednesdays		Fridays	
	Attacking		Passing/Serving		Setting/Defense	
July 12	AM	PM	AM	PM	AM	PM
July 19	AM	PM	AM	PM	AM	PM
July 26	AM	PM	AM	PM	AM	PM
Aug 2	AM	PM	AM	PM	AM	PM
Aug 9	AM	PM	AM	PM	AM	PM

Your scheduled sessions can be adjusted later. This is just to form a basic idea of athletes per session.

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 \$55 \$ _____

Individual Sessions: ___ x \$12 \$ _____

Late Registration Fee (after 7/9): \$5 \$ _____

Total Fee = \$ _____

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