

Price	\$ 125.00 per Athlete for 9 - \$ 150.00 per Athlete for 9 -	0	1
	\$ 20.00 per Session, "Come	e as you please".	
Location	Little Miami Middle Schoo		Please note:
	5290 Morrow – Cozzadale	Road	Change in Venue
	Morrow, OH 45152		
Dates: Clinics S	Start: Friday, February 24, 2023	3, Session # 2	
	Friday: 3/3, 3/10, 3/17, 3/2	24, 3/31, 4/7, 4/14 4/23.	
Time:			,
	M. to 8:45 P.M. – Week 1 – 9		
3 rd , 4 th , 5 th , 6 th (Grades		
building, physic	rogram will focus on SKILLS, Sl cal and mental toughness, goal se ll focus heavily on having fun wl	tting and achievement.	Since this is the first exposure to
L /	v O	8 1 1	(Circle One)
Athletes Name_		Athletes Grade	T – Shirt Size YŠ/YM/YL/ÝXL
_			AS/AM/AL/AXL
Parents Name			

Address			
City	State		Zip Code
Home Phone			
Cell Phone	Mother/Guardian	Email	
Cell Phone	Father/Guardian	Email_	
Cell Phone	Athlete	Email	

Panther Volleyball has my permission to use photographic images of my daughter, in group Photographs, to publish for advertising purposes, post on the Panther Volleyball Website and Face Book Page.

Mail check to: Panther Volleyball, 5120 East US 22 & 3, Morrow, OH 45152.

(Please do not drop off at schools.)

- Payment Deadline: February 13, 2023, for Full Session Registration.
- Payment Deadline: Before each session for "Come as you please".
- No Cash or Credit Card Payments, Check Only.
- Instructor Ann Buschur. Kayla Dozier, Mason Boulton.
- Facebook: Little Miami Panther Volleyball http://www.facebook.com/LittleMiamiVolleyball
 - (Panther Volleyball Skills, Training and Team building participation has no bearing on 7th & 8th Grade Team Selection)

Treasurer – Jim Frederick

- The Little Miami School District neither endorses nor sponsors the organization or activity represented in this material.
 - The distribution or display of this material is provided as a community service.

2022 - 2023 Youth Training Team

Do not delay in registering Registration Deadline: February 13, 2023

> Make checks payable to: Panther Vollevball C/O Jim Frederick 5120 East US Highway 22 & 3 Morrow, OH 45152

DAY 0: IF YOU FEEL SYMPTOMS, EVERYONE SHOULD STAY AWAY FROM OTHERS DAY ON TO FIVE: ISOLATION. DAY 6: END ISOLATION IF YOU NEVER HAD SYMPTOMS AND YOU HAVE BEEN FEVER FREE FOR 24 HOURS. EVERYON THROUGH DAY 10: SHOULD WEAR A MASK OR USE 2 NEGATIVE TESTSTO DECIDE WHEN TO STOP WEARING A MASK. **AVOID HIGH RISK PEOPLE.** IF YOU OR YOUR CHILD DOES NOT FEEL WELL, DO NOT COME TO THE CLINIC, ALLERGIES, FALL COLD, HEADACHE, FEVER, ANYTHING PLEASE STAY HOME.

Waiver of Liability

The undersigned player and parent/guardian agrees that PANTHER VOLLEYBALL, Board Members, employees and staff members at PANTHER VOLLEYBALL AND LITTLE MIAMI LOCAL SCHOOL DISTRICT shall not be liable for the damages arising from personal injury sustained by the member and/or guest(s), on or about the premises of the said facilities or by participation in events with PANTHER VOLLEYBALL or the LITTLE MIAMI LOCAL SCHOOL DISTRICT facility. We understand that volleyball by nature is a physical activity and have a full understanding of the potential risks including potential death, serious injury, or property damage and ASSUME THE RISKS OF PARTICIPATING IN A VOLLEYBALL TRAINING PROGRAM. I acknowledge that I hereby take the following action for myself and do not hold the organization, its administrators, or coaches responsible for any injury occurred while participating in any club activity. I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind which arise out of, or relate to, my traveling to and from or my participation in any volleyball activity. I AGREE NOT TO SUE any of the persons or entities listed above for any of the claims or liabilities that I have waived, released or discharged herein. I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions. I also agree that if any portion of this agreement is found none binding that all other portions will still be in effect. I understand the stipulations and have discussed these with our CHILD. We agree to and will support their participation in PANTHER VOLLEYBALL.

Parent SIGNATURE DATE

2022 - 2023 SESSION # 2: TRAINING PROGRAM

- Session 1: \$125.00 ~ February 13, 2023 (Friday for 9 weeks)
- _____ Session 1: \$150.00 ~ After February 13, 2023 (Friday for 9 weeks)
- Session 1: \$ 20.00 ~ Pay as you Play

Please keep in mind that if I do not have enough full - time registrations to cover our costs of

running these clinics by the deadline, the session will be cancelled. To ensure we can offer this program,

please be sure to pre - register.

Date received _____ Check # _____ CASH _____