

United InnoWorks Academy (UIA)
Volleyball Clinic (UIAVC) 2010-2011 Registration Form
www.UnitedInnoWorks.org and www.InnoWorks.org

1. **Student and Family Contact Information:** (Please write legibly so we can contact you)

Student1: _____ Birthday: _____ Sex: M F

Email: _____ Phone No. (C) _____

Student2: _____ Birthday: _____ Sex: M F

Email: _____ Phone No. (C) _____

Father/Guardian: _____ Email: _____

Tel No. (H) _____ (C) _____ (O) _____

Mother/Guardian: _____ Email: _____

Tel No. (H) _____ (C) _____ (O) _____

2. **Emergency Contacts:** In case of emergency and we cannot be reached, UIAVC should contact:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

3. **Application:** We are applying (check) for the following session(s) (First-come-first-served):

Session I Clinic:

Fee: \$200.00 per student per session.

Location: Winston Churchill High School Main Gym

Schedule: (Tentative, Check Our Website for Updates and MCPS for snow closings)

Sundays 6:00-8:30pm: 9/12/10, 9/19/10, 9/26/10, 10/3/10, 10/17/10, 10/24/10, 10/31/10,
11/7/10, 11/14/10, 11/21/10, 12/5/10, 12/12/10, 12/19/10, 1/9/11, (Snow day if needed 1/16/11)

Session II Clinic:

Fee: \$200.00 per student per session.

Location: Winston Churchill High School Main Gym

Schedule: (Tentative, Check Our Website for Updates and MCPS for snow closings)

Sundays 6:00-8:30pm: 1/23/11, 1/30/11, 2/6/11, 2/13/11, 2/20/11, 2/27/11, 3/6/11, 3/13/11,
3/20/11, 3/27/11

Sundays 5:00-7:30pm: 4/3/11, 4/10/11, 5/1/11, 5/8/11, (Snow day if needed 5/15/11)

4. **Participants must wear kneepads:** UIAVC Students are required to wear kneepads to participate. Do not register if you do not want to wear them. Kneepads are available for sale at cost.

5. **Parents/Guardian Participation in Clinic Agreement:**

UIA is a non-profit organization entirely run by volunteers. We/I, the undersigned, understand and agree to follow the rules and regulations of the UIAVC. As parents and/or guardians, we/I will perform a courtside duty once per clinic semester during practice or tournament. We/I will be notified of our/my assigned date. If we/I cannot fulfill our/my duty on our/my scheduled day, it is our/my responsibility to

trade with another parent and to notify UIAVC of the change. Our/my absence on our/my schedule day without prior UIAVC approval will result in our/my child's (children's) suspension from continued participation in UIAVC.

6. UIAVC Liability Waiver Agreement: Due to the strenuous nature of activities in the UIAVC, the participant is urged to consult his/her own physician concerning their fitness to participate. All activities in the clinic contain a certain amount of inherent risks and hazards, which the participants are urged to consider and which the participants assume. By our/my signature below, in consideration of acceptance of UIAVC Membership, we/I do hereby waive and release any and all claims in any right for claims for damages we/I have against UIAVC, its staff, coaches, counselors or workers for any and all injuries suffered by us at the UIAVC clinics sessions. UIAVC, its staff, coaches, counselors and workers assumed no liability for injury or damages arising from results of our dissipation in the UIAVC. We/I hereby approve our/my child's/children's participation in the UIAVC and consent to emergency treatment for my child/children on my behalf. To the best of our/my knowledge, there are no physical or other conditions that will interfere with my child/children's participation.

7. Insurance Certification: We/I certify that our/my family will provide our/my personal accident and health insurance to cover our/my children at the UIAVC, and allow UIAVC to disclose such information to emergency providers should UIAVC deem necessary to provide service for our/my child (ren).

Policy Holder: _____

Health Insurance Co: _____ Policy No: _____

8. Participant Responsibility: I/we, _____ and _____ will follow the rules and directions given by the UIAVC staff. My continued privilege to participate in the UIAVC will depend solely on the evaluation of my behavior by the UIAVC coaches. I/we will abide by their decisions. By our signatures below, we consent to all agreements in this document.

Participant's Signature: _____ Date: _____

Participant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

- 1) Save form**
- 2) Email completed form to UnitedAcademy@gmail.com**
- 3) Send Completed, Signed Form and Payment to:**

**United InnoWorks Academy
9721 Conestoga Way
Potomac, MD 20854**

(First-Come-First-Served until full. Incomplete registration will not be accepted.)