



## 2014 April Break Volleyball Clinic

Gray Gymnasium, Bates College  
130 Central Ave.  
Lewiston, ME

**Monday 4/21**  
**Tuesday 4/22**  
**Wednesday 4/23**

10am – noon each day

\$15 per day

Come one, two or all three days!

Clinic is for any middle or high school girls and will focus on individual skills, and enrollment will be limited for lots of personal attention. Lead coach will be Margo Linton, head volleyball coach at Bates College.

3 steps to sign up:

1. Complete online registration form: [bit.ly/1g17OWT](http://bit.ly/1g17OWT)
2. Mail or bring waiver form (next page)
3. Mail or bring payment: cash or check payable to Bates College

Mail to:  
Margo Linton  
Bates Volleyball  
130 Central Ave.  
Lewiston, ME 04240

Questions?  
[mlinton@bates.edu](mailto:mlinton@bates.edu)  
207-755-5954

Bates Volleyball Clinic Parental Consent Form  
April 21-23, 2014

I/We, the undersigned hereby certify that I (we) am (are) the parent(s) or legal guardian(s) of the camper. I hereby give permission for the staff of the clinic, during the period of the clinic, to seek appropriate medical attention for the camper, the medical attention to be given, and for the camper to receive medical attention in the even of accident, injury, or illness. I will be responsible for any and all of the costs of medical attention and treatment and have medical insurance to cover these costs. I/We, the undersigned, for ourselves and as guardian(s) of \_\_\_\_\_ (camper) understand that volleyball is an active, physical sport, and that injuries can take place during play. I/We also understand there will be a number of children attending clinic, there will be a limited number of coaches and/or counselors, and that our child cannot receive individualized attention and supervision at all moments. I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in volleyball activities. I/We, represent that I/We have sought the opinion of our child's physician \_\_\_\_\_ (camper's physician), and he/she concurs that \_\_\_\_\_ (camper) is fully capable of safely engaging in these activities. I/We also understand that it is my/our responsibility in caring for the camper listed above, to be assured that he is able to engage in such sport. I/We, the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge Bates College Volleyball Clinic its staff, officers, agents, employees representatives, successors and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in clinic activities, whether or not damages, injury, or loss is due to negligence.

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Signature of Parent/Guardian Date