

September-October 2019 HITTING CLINICS at Kingdom Courts

Hosted by Chris Lishko, AZ Sky 18 Gold Head Coach

For all girls not currently playing high school ball on an AIA team who want to continue to work on being more consistent and aggressive with their hitting.

Kingdom Courts (<https://www.azsky.net>) 11410 N. 19th Ave., Phoenix AZ 85029

Athletes to wear appropriate volleyball attire, and bring water bottles as needed.
It will be first come first serve for signups, spots will be limited.

Please contact Chris Lishko via text at 602-790-1627 or via email (chris.lishko@gmail.com) with the following details below (underneath the MEDICAL RELEASE APPROVAL) included to sign your daughter up or with any questions. Advance registration and payment can be dropped off in payment box upstairs at Kingdom Courts along with Med Release. All players (USAV) MUST have signed waiver by parents. A snapshot of the filled out form works great via text or email. Please bring the signed forms to the clinics or drop off prior.

Clinic 1: September 13, 2019 5:30-7:00 pm

Clinic 2: September 27, 2019 5:30-7:00 pm

Clinic 3: October 4, 2019 5:30-7:00 pm

Clinic 4: October 25, 2019 5:30-7:00 pm

The clinics are \$45 each (cash) for all players. If a player signs up for all four clinics, and pays for all four at the first clinic or prior, there is a discount (\$40 per clinic instead of \$45). If a player no-shows and I have not been notified more than 24 hours in advance, you will still be expected to pay for the clinic to help cover courts and coaches costs.

MEDICAL RELEASE APPROVAL

I give my daughter _____ permission to participate in the above activity (ies)
Current club team and level _____, Years played club volleyball _____,
Age as of Aug 31, 2019 _____
Best contact name _____ and number _____,
Email _____ Insurance Company _____,
Policy/ID Number _____

I verify that my child has been checked by a licensed physician and is physically able to participate in the camps offered by Kingdom Courts. I hereby agree that I will not hold Kingdom Courts, Volley Heaven LLC, its director(s), or its contractors responsible for any loss, damages, or personal injury incurred as a result of participation. I hereby authorize the Directors of the activity to act for my child according to their best judgment in an emergency requiring medical attention. I agree to allow my child to be treated by a licensed physician (if necessary) and I will assume all costs related to such treatment. I authorize my insurance company to pay benefits and I also authorize the disclosure of medical information to my insurance company for the purpose of the claim.

PARENT/GUARDIAN SIGNATURE _____ DATE _____