

EHS Volleyball Clinic

Registration Form

Name: _____ Age: _____

Parent or Guardian: _____

Mailing Address: _____

City, State, Zip: _____

T-shirt Size: _____ Phone # (home/cell): _____

Cost: \$30 (make checks payable to Elkmont High School)

I will not hold Elkmont High School, its coaches, or any of its agents involved in activities occasioned in connection there for any injury which my child may incur while engaged in practicing or participating. I hereby give my permission for emergency medical treatment in the event I cannot be reached.

Date

Signature of Parent or Legal Guardian

Emergency Contact: _____

Relationship: _____ Phone Number: _____

If you have questions, please contact me:

Mary Jane Hobbs (Elkmont High Volleyball Coach)

School# 732-4291

MaryJane.Hobbs@lcsk12.org