



**\* 2017-2018 BOYS VOLLEYBALL TRAINING (Ages 12 & UP)\***

**Start Date: Sundays, Beginning December 3, 2017 - Time: 4PM-6PM**

**Location: Long Island Lutheran Middle & High School (LUHI)**

**131 Brookville Rd, Brookville NY 11545**

**TRAINING SUMMARY:**

To provide critical leading-edge technical training that leads to greater competitiveness in preparation for Middle & High School Volleyball level competition.



**FEE \$875 \*Pay \$175 Per Month\* (5 months – 2 Hours Per Week + Scrimmages)**

**Coaching Staff: Former National Team Player & Captain (St. Lucia); Former Division I Volleyball Coach; CAP I Certified USA Volleyball Instructor**

**Make Check payment to: "Fundamental Volleyball" and Mail to: P.O. Box 1786, Baldwin NY 11510**

**Email Coach Max at: [fundamentalpvt@gmail.com](mailto:fundamentalpvt@gmail.com) Or Call 516 996 7685**

Player Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

**Liability Waiver, Assumption of Risk and Release**

I hereby release Fundamental Private Volleyball Training LLC's training program and its staff, agents, representatives, employees, consultants, successors, site owners and all others of any and all right claims for damage to person or property which may be sustained or occur during participation in activities, to or from whether paid damages, injury, or loss are due to negligence or not. I further agree to indemnify Fundamental Private Volleyball Training LLC's clinic and its agents for any damages that may be assessed against it or them in the court of law pursuant to any claim that my child and I might bring from the events described above. I declare my child is in good physical health and suffering from no conditions, impairment, infirmity, disease or other illness that would prevent his/her participation in sports activities. In the event of an injury or accident, if an emergency contact cannot be reached, I grant Fundamental Private Volleyball Training LLC authorization to seek medical attention for my child if necessary, for which I will take full financial responsibility. I also understand that Fundamental Private Volleyball Training LLC retains the rights to any video or photographs taken at its camp facility to be used for publicity or advertising.

Parent/Guardian Name (Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_