

Northern Lights Junior Volleyball Incorporated is a non-profit 501 (c)(3) corporation dedicated to the development of volleyball athletes.

Our volleyball camps/clinics have trained over 3500 volleyball players during the past 13 years!

Our Junior Olympic club teams are among the best in the Nation! We will be offering information at the youth clinic about playing club volleyball!

The experienced coaches of Northern Lights Junior Volleyball will give your young player a fun, quality introduction to a great game!

Our aim is to introduce young players to the great game of volleyball and teach older players higher skills.

Players will learn technique, participate in drills, and compete against a variety of teams

Bring your friends and join us for some competitive, fun-filled nights of volleyball!

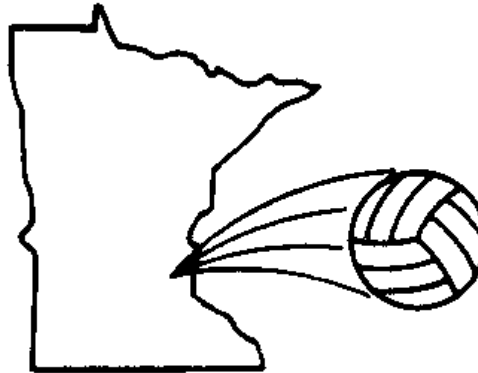
For additional information you may call or email the Northern Lights Office

952-808-0110

northernlights@midwestvolleyball.com

(Please be aware that during August & September our office staff is minimal and email is the best way to reach us, or please leave a message and we will return a call to you.)

NORTHERN LIGHTS JUNIORS



Middle School Skills and Competiton Clinic

**Mondays, Wednesdays, &
Saturdays
Sept 3 - Oct 25**

**For Girls
Ages 12-14 / Grades 7-8**

Northern Lights Volleyball

Middle School Skills and Competition Clinic

What: Teaching the game of volleyball to young female athletes. Clinic includes basic volleyball skills and competition against in-house and outside teams.

**** Players will be grouped by skill level for instruction & play. ****

Who: Girls ages 12 - 14 (Grades 7 - 8) Middle School

When: All skill dates are Mondays and Wednesdays with competition on Saturdays

September 3, 8, 10, 13, 15, 17, 20, 22, 24, 27, 29

October 1, 4, 6, 8, 11, 13, 15, 20, 22, 25

Times: Monday and Wednesday 7:15 – 9:00pm
Saturday 9:00am – 12:00 pm

ARRIVE ½ HOUR EARLY ON FIRST DAY OF CLINIC!!!

Costs: \$340.00 if registering online at www.signuptoplay.com
(see instructions at www.midwestvolleyball.com/nlj/camps&clinics.htm)

\$365.00 if registering by mail using this form

Where: Midwest Volleyball Warehouse
14050 Judicial Road
Burnsville, MN 55337

Name: _____

**Middle School Skills and
Competition and Clinic**

Address: _____

City: _____ **St:** _____ **Zip:** _____

Phone: _____ **E-Mail** _____

Age: _____ **Date of birth** _____ **Grade** _____ **School** _____

I hereby agree and promise that I will not hold Northern Lights Junior Volleyball nor its employees or coaches responsible for any loss, damages or personal injuries received as a result of participation. I hereby authorize the coaches of the clinic to act for me according to their best judgment in any emergency requiring medical attention.

PARENT OR GUARDIAN SIGNATURE _____ **Date** _____

Please make checks payable to Northern Lights Jr. Volleyball and send with lower part of this form along with the Participant Liability (found at <http://www.midwestvolleyball.com/nlj/camps&clinics.htm>) form to:

**Northern Lights Junior Volleyball
Middle School Skills and Competition Clinic
14050 Judicial Road
Burnsville, MN 55337**

Cancellation Policy: All cancellations will be charged a \$25 processing and handling fee.

PARTICIPANT RELEASE OF LIABILITY

for

MIDWEST VOLLEYBALL WAREHOUSE AND/OR NORTHERN LIGHTS JUNIOR VOLLEYBALL

(Read before signing)

Participant Name _____
Print name

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest staff immediately and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Midwest Volleyball Warehouse and/or Northern Lights Junior Volleyball, Their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
Participant's Signature Age Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE

(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____
Parent/Guardian Signature Date Emergency Phone Number (s)