

**Registration Form Volleyball Training Clinics**

**Name of Participant:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_\_ **Birthdate:** \_\_\_\_\_\_\_\_\_\_\_\_\_**Age\_\_\_\_\_\_\_\_**

**Parent Information:**

Mom’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dad’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information:**

Physician Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Issues:** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies:** Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ if yes please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT**

**Registration Fees**: **CASH or CHECK ONLY FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE**

**Please make check payable to: *Oahu Volleyball Academy* Check No. \_\_\_\_\_\_\_\_ Amt. \_\_\_\_\_\_\_**

**Please indicate which clinic you are registering for:**

\_\_\_\_\_\_\_\_\_\_ Ball Control Clinic (Girls: Ages 13-14)

Dates: Sunday’s, 2/3, 2/10, 2/17 & 2/24

Time: 9:00 am – 10:30 am

Location: Email/register for details

Cost: $180 FOR ALL 4 SESSIONS (USE IT OR LOSE IT) or $50 walk-ins

\_\_\_\_\_\_\_\_\_ Passing & Defense Clinic (Boys & Girls: Ages 13-14 (targeting the intermediate players)

Dates: Sunday’s, 3/3, 3/10, 3/17, 3/24 & 3/31

Time: 9:30 am – 10:30 am

Location: Email/register for details

Cost: $200 FOR ALL 4 SESSIONS (USE IT or LOSE IT) or $50 walk-ins

\_\_\_\_\_\_\_\_ All Skills Clinic (Girls: Ages 15+)

Dates: Sunday’s, 2/3, 2/10, 2/17 & 2/24

Time: 11:00 am – 12:30 pm

Location: Email/register for details

Cost: $180 FOR ALL 4 SESSIONS (USE IT or LOSE IT) or $50 walk-ins

Clinic descriptions can be viewed on-line at [www.oahuvolleyballacademy.org](http://www.oahuvolleyballacademy.org) or check out our Instagram at #OVAHAWAII

**Questions email at oahuvolleyball@gmail.com**

\*ALL ATHLETES MUST REGISTER ONLINE PRIOR TO CLINIC DAY\*