

**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**: **All Skills Clinic: $50 per session(Cash or Check) NO WALK-INS FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE**

**Please make check payable to: *Oahu Volleyball Academy*** Check # \_\_\_\_\_\_\_ Amt. \_\_\_\_\_\_\_\_\_\_\_\_\_

**Volleyball All-Skills Clinic Coached By: Milan Zarkovic & Marina Velickovic**

**For Boys & Girls ages 15 years old & under**

Dates: 1/5, 1/12, 1/26, 2/2 & 2/9

Time: 9:00 am – 10:30 am

Where: Email/register for details

Cost: $50 per session (NO WALK-INS)

**Description:**

This clinic is driven towards developing all volleyball skills.

Coach Milan & Marina’s goals for these clinics are:

Maximizing potential

Purposeful practices

Detail recognition

Technical cleansing

WE POLISH DIAMONDS!

Questions: email at [oahuvolleyballacademy@gmail.com](mailto:oahuvolleyballacademy@gmail.com)

Check out our web site at [www.oahuvolleyballacademy.org](http://www.oahuvolleyballacademy.org) or Instagram #OVAHWAII