WAIVER OF LIABILITY

I hereby desire that my child, who is under 19 years of age, participate in the Volleyball Clinic. By condition of this release, I acknowledge and agree that all the requirements, directions, supervision and standards set by the directors of this program are established for her benefit. I hereby voluntarily assume all risk of accident or injury to my child which may arise out of participation in this program, hereby intending to release East Aurora Schools; The Boys & Girls Club of East Aurora; Gary Schutrum; Rebecca Jacobs, Town/Village of East Aurora and all personnel associated with this Volleyball Clinic from liability that may result from her participation.

By signing this agreement, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child/children and I may be exposed to or infected by COVID-19 by attending the Club or Camp and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Club or Camp may result from actions, omissions, or negligence of others, and myself including, but not limited to, Club employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with or in any way arising out of my child(ren)'s attendance at the Club or any of the Club facilities or participation in Club programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any and all Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club or Club approved program.

_____

Signature of Parent/Guardian

Each participant must have a physical check-up by a certified physician within the last calendar year.

_____

Date of Last Physical

Please list any physical/medical conditions that we should be aware of

_____

_____

_____

_____

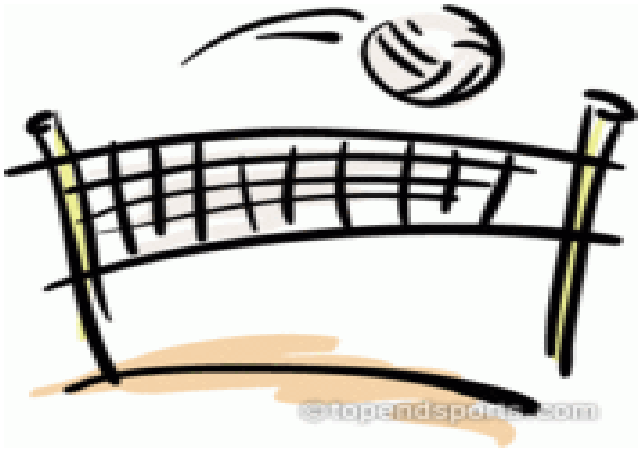
Boys & Girls Club of East Aurora
24 Paine Street
East Aurora, NY 14052

Boys & Girls Club
of East Aurora

Volleyball Skills Clinic

Grades 6-12

2 SKILL LEVELS AVAILABLE



Session Dates

Feb. 6, 13, 20, 27
March 6, 13

Cost: $50.00

Registration deadline
Jan. 30, 2022

Boys & Girls Club
of East Aurora

Volleyball Skills Clinic
2 skill levels available
Novice—one year or less experience
Advanced—2 years of more experience

Session Dates
Feb. 6, 13, 20, 27
March 6, 13
Registration deadline Jan. 30th

Girls Advanced 12:00-1:00 PM
Girls Novice 1:00-2:00 PM

Min 10 – Max 20 participants required by registration deadline to run clinic.

Clinics are held at the
Boys & Girls Club of EA
24 Paine St. E. Aurora, NY 14052
652-4180

All current ECDOH Covid –19 requirements will be strictly adhered to.

We are thrilled to have Rebecca Jacobs host a Girls Volleyball Skills Clinic at the Boys & Girls Club of East Aurora. Coach Jacobs is the current Girls Volleyball Coach at EAHS. She played 4 years of Division I Volleyball at Niagara University; is a 2-time MAAC Champion; and a 2-time NCAA Division I Tournament participant. She coached the NFVB National Travel 18s Team for 3 years as well as several high school camps. Coach Jacobs possesses a Master's Degree in Special Education. We are pleased to have her offer these clinics!

To Join

- **The fee for the program is $50.00.**
- **Minimum of 10—Maximum of 20 players.**
- **Complete this registration form and return it, along with payment to the Boys & Girls Club of East Aurora, PO Box 36, E. Aurora, NY 14052**
- **If you have any questions, contact the Club at 652-4180 or contact Coach Jacobs at r.suchy3@gmail.com**
- **Please review the Guidance for all Staff, Volunteers & Club Members available on our website—www.bgcea.org**

Volleyball Skills Clinic Application-Cost $50.00 per session

Name:_____ Age:_____ D.O.B._____ Gr._____

Parent's Names:_____

Address:_____

Phone:_____ Cell#_____ E-Mail:_____

Session (please check one) ____Novice Girls ____Advanced Girls

Volleyball experience Y/N; Explain_____

Return with payment to the Boys & Girls Club of EA., PO Box 36, E. Aurora, NY 14052

Please complete back of registration form