



Volleyball's Bumpin' Devil

Clinic for Girls



Girls in grades 1-4 will have an opportunity to work with the High School Volleyball team! In addition come to youth night to welcome the Varsity Girls on to the court!

Practices are at the Elementary School Gym:

Monday, September 30 from 3:30-4:30

Wednesday, October 2 from 3:30-4:30

Thursday, October 3 from 3:30-4:30

Friday, October 4 from 3:30-4:30

Youth Night:

Thursday, October 17

Varsity Game begins at 6:30 pm

Register by September 13 to be guaranteed a shirt



\$25

**T-shirt
Grades 1-4
Girls**

By this Waiver, I assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with **Lodi School District Recreation and Education Program** activities and events organized by **The School District of Lodi**.

I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 year of age or older and mentally competent to enter into this waiver.

<p>Any Questions Contact Diana Karls 592-1076</p> <p>Drop Off Form to: Pool Lobby</p> <p>Mail Form to: Lodi CREW Attn: Heidi Endres 1100 Sauk Street Lodi WI 53555</p>	<p>Student Name: _____</p> <p>T-Shirt Size:</p> <p><input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium</p> <p>Method of Payment:</p> <p><input type="checkbox"/> Check (make payable to Lodi CREW) <input type="checkbox"/> Cash (drop off only) <input type="checkbox"/> Register On-line</p>	<p>Parent Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Email _____</p> <p>Parent Signature _____</p>
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Volleyball Bumpin' Devil Clinic – Fall I 2019