



Ashland Arrows Volleyball Spring Youth Clinic

Mondays & Wednesdays, April 20-May 13, 2026

at Ashland Middle School Gym

Session 1: Grades 4, 5 & 6	3:45-5:15 pm
Session 2: Grades 2 & 3	5:15-6:30 pm

- ⇒ **Bring:** Athletic shoes & water bottle (kneepads are not required)
- ⇒ **Cost:** \$20 (checks made payable to "Ashland City Schools")

Bring this completed registration form and cash or check with your daughter to the clinic:



- ⇒ **Due:** April 20, 2026
- ⇒ **Questions:** Email Tricia Bernhard @ trbernha@goarrows.org or text/call 419-651-0425

★ ASHLAND ARROWS VOLLEYBALL SPRING YOUTH CLINIC 2026 ★ REGISTRATION FORM

Name: _____ 2025/26 Grade: _____

Please check one: Session 1: Grades 4, 5 & 6 3:45-5:15 pm School _____
 Session 2: Grades 2 & 3 5:15-6:30 pm

Parent/guardian: _____ Phone #: _____

Address: _____

Email: _____

Allergies/medical concerns: _____

Medical Release: I hereby agree that the participant listed has been examined and found in good physical health. They are able to partake in the drills and competitive activity of the clinic. I am aware that there are risks of injury involved with athletic activity. I hereby agree to assume for my child such risk of injury, and to indemnify and hold harmless the AHS coaches, Ashland City Schools, their administrators, employees, or agents against any claim for injury to persons or property which may result from my child's participation in this activity. My child is covered by personal medical insurance. I, as the parent or legal guardian, will be responsible for all medical charge of my daughter during this clinic. I will assume full financial responsibility in case of accident or injury to my child.

Parent/Guardian Signature: _____ Date _____