



Lost Nation Sports Park West

www.LNSPORTSPARK.com

presents...



Educational Sports Productions Inc.

"The Volleyball Pros"

3-Day Holiday Volleyball Clinic

Instruction and practice of correct techniques of the volleyball fundamentals, court positioning for serve reception, gamelike drills, team play: play on 3 hits, scrimmage

Dates: December 26th, 27th and 28th 2017

Time: 12:00-2:00pm

Participants: Grades 3rd, 4th, 5th & 6th, 7th and 8th

Cost: \$65 per participant

Clinic Location: 2101 All Pro Athletic Ave., Lorain, OH 44053 (across from Applebee's on St. Rt. 58)

Clinic Director & Contact: Areta Golembiowsky at espinc@roadrunner.com or (330) 278-2717

Checks payable to: Educational Sports Productions Inc. (list "participant name" in memo section)

Send to: Educational Sports Productions Inc., 422 Ridge Road, Hinckley, OH 44233

(Complete and return bottom portion along with payment)

Registration & Waiver Form

LNSP West/ESP Inc Waiver/Exclusionary Clause

I, the undersigned participant, in enrolling at Lost Nation Sports Park (LNSP), understand that he/she/I, in attending any program and using the facilities, does/do so at his/her/my own risk. LNSP and its owners, employees, agents, and Educational Sports Productions Inc, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and his/her/my family in or about the premises. Participants assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she/I does/do hereby fully and forever release, discharge, and hold harmless LNSP, all associated facilities, and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future, resulting from or rising out of any person's participation in any programs or use of its facilities. I also give permission for the free use of my name, picture, and/or likeness in any article, broadcast or other account of the league/camp/tournament, including but not limited to, promotion of future events or other promotional use.

Consents

I, the undersigned participant, _____ do hereby grant authority to the staff of Lost Nation Sports Park and ESP Inc. to render judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence.

Signature of Guardian

Date

Participant Name: _____ **Age:** _____ **Grade:** _____

Parent/Guardian Name: _____ **Phone #:** _____

Address: _____

Email: _____