



Lost Nation Sports Park West  
[www.LNSPORTSPARK.com](http://www.LNSPORTSPARK.com)



# 2019 SUMMER VOLLEYBALL SCHOOL for Grades 3-9 presented by...

Educational Sports Productions Inc  
**FEATURED CLINICIAN ARETA GOLEMBIOWSKY**  
**CSU HALL OF FAME SETTER**

Instruction and practice of correct techniques of the volleyball fundamentals, including footwork and court positioning for serve reception, game like drills.  
 Team play: play on 3 hits, play games.

**DATES: TUESDAYS AND THURSDAYS - STARTS MAY 28 AND ENDS JUNE 27**

Times GRADES 3-4 & 5-6 4:30 - 6:00 PM  
 GRADES 7-8-9 6:00 - 7:30 PM

## CHOOSE ONE OF THE FOLLOWING OPTIONS:

**\$170** ALL 10 DATES .....MAY 28, 30, JUNE 4, 6, 11, 13, 18, 20, 25, 27  
**\$85** FIRST 5 DATES .....MAY 28, 30, JUNE 4, 6, 11  
**\$85** SECOND 5 DATES.....JUNE 13, 18, 20, 25, 27  
**NO REFUND AFTER MAY 24, 2019**

If you have any questions please contact Areta: aretagolembiowsky@gmail.com

**Location:** Lost Nation Sports Park West 2105 All Pro Athletic Ave., Lorain, OH 44053 (across from Applebee's on St. Rt. 58)

**Program Director & Contact:** Areta Golembiowsky [aretagolembiowsky@gmail.com](mailto:aretagolembiowsky@gmail.com) or (330) 278-2717

**Website:** [www.edsportpro.com](http://www.edsportpro.com)

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

**Mail 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 Educational Sports Productions 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: \_\_\_\_\_ Grade in 2019-2020: \_\_\_\_\_

Select Tee Shirt size: Youth Medium.....Youth Large.....Adult Small.....Adult Medium.....Adult Large

Parent/Guardian Name: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

## SELECT DATE(S) MARK the BOX

10 DATES	<input type="checkbox"/>	MAY 28, 30, JUNE 4, 6, 11, 13, 18, 20, 25, 27	<b>COST \$170</b>
FIRST 5 DATES	<input type="checkbox"/>	MAY 28, 30, JUNE 4, 6, 11	<b>COST \$85</b>
SECOND 5 DATES	<input type="checkbox"/>	JUNE 13, 18, 20, 25, 27	<b>COST \$85</b>