

***The Mary Louis Academy  
Summer Volleyball Clinic  
REGISTRATION FORM***

The cost of the clinic is \$20 per participant.

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

School: \_\_\_\_\_ Grade: (As of September 2010) \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Contact #: \_\_\_\_\_

Are you currently on a volleyball team? \_\_\_\_\_ If so, list: \_\_\_\_\_

Are you allergic to any medications? \_\_\_\_\_ If so, list: \_\_\_\_\_

Are you currently being treated for any injuries? \_\_\_\_\_

I, the parent or guardian of the above named, approve my child's participation in all activities at The Mary Louis Academy. The Mary Louis Academy, the Sisters of St. Joseph, its employees, directors and other participants will not be responsible for any injury or illness sustained at The Mary Louis Academy Volleyball Clinic. I do hereby waive, release, absolve, indemnify and agree to hold harmless The Mary Louis Academy, the Sisters of St. Joseph, the organizers, directors, coaches, counselors and other participants from any claims arising out of injury to myself and my child incidental to such participation. I hereby authorize the directors/ trainers of The Mary Louis Academy Volleyball Clinic to act on my behalf, according to their best judgment, in any emergency

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE MAKE ALL CHECKS PAYABLE TO:  
THE MARY LOUIS ACADEMY**

**MAIL TO:  
THE MARY LOUIS ACADEMY  
176-21 WEXFORD TERRACE  
JAMAICA ESTATES, NY 11432  
ATTN: JOE LEWINGER, DIRECTOR OF ATHLETICS**

**PHONE: 718-297-2120 EX. 253/ FAX: 718-739-0037  
E-MAIL: ATHLETICS@TMLA.ORG**