



Middle School Tune-Up Clinic Registration Form

Player's Name: _____ Female _____ Male _____

Street Address: _____ City: _____ Zip Code: _____

Player's Grade: _____ Player's Age: _____ Player's Birth date: _____

Player's T-shirt Size (circle one): YM YL AS AM AL AXL

Parent's Name(s): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail Address: _____

The undersigned parent(s) understand(s) that neither Oklahoma Peak Performance or any of its coaches, directors or members, will be responsible for any injury or injuries, or loss of or damage to property, which the player or her/his parent(s) may sustain as a result of her/his participation in the Program, and in consideration of the undersigned player being permitted to participate in the Program, the parent(s) of the player do hereby release and discharge, and will hold harmless, Oklahoma Peak Performance and all coaches, directors and members of OP², from and against liability for any harm or damage to person or property which may be suffered by the player or the parent(s) related to participation in the Program.

Parent/Guardian Signature

Date

May OP² Volleyball Club reproduce photographs or other likenesses of the player on its website that were acquired during activities related to her/his participation in an OP² camp? **Circle one: yes no**

Registration Checklist:

(Registration and Payment may be done online at www.op2vb.com)

____ Completed Registration Form

____ USA Youth Volleyball Medical History and Release Form

____ Check in the amount of \$70 made payable to OP² Volleyball Club

Complete the three items and bring the day of camp.

For questions, please e-mail Randy Decker at radecker@att.net.