



ADULT VOLLEYBALL

CLINIC

at SPORTIME *Bethpage Multi-Sport*

8-Week Program

Fall Session – Begins, Monday, October 7th

The Program

This 8-week training program is specifically designed for adults of all levels, interested in improving their volleyball skills in a fun, intense training environment. Each two hour clinic includes sport-specific drills, strategy and competitive game play. Our expert coaches stress fundamentals, team play and fun.

Coaching Staff

All SPORTIME coaches are dedicated to teaching players the proper techniques to perform all the necessary skills of volleyball. Our coaches teach, motivate and participate during clinics.

The Training Facility

SPORTIME *at Bethpage Multi-Sport* is the finest volleyball training facility on Long Island. SPORTIME houses five competition volleyball courts, professional SPORTCOURT playing surface, high ceilings, court divider curtains, a state-of-the-art sound system and climate control.

SCHEDULE:

Monday Evenings 7:00 p.m. - 9:00 p.m.

Player Fee: \$225

(active members receive a \$30 discount)

FOR MORE INFORMATION, CALL (516) 731-4432
4105 Hempstead Turnpike • Bethpage, N.Y. 11714 • FAX: (516) 731-2849



TENNIS • FITNESS • MULTI-SPORT

SPORTIMENY.COM

**Adult Volleyball Clinic
REGISTRATION FORM**

Player's Name: _____ D.O.B. ___/___/___

Bus. Phone _____ Home Phone: _____ Mobile Phone: _____

Address: _____ City/State: _____ Zip: _____

E-mail address: _____ Emergency Contact & Phone Number: _____
(REQUIRED)

Level of play: Beginner Intermediate Advanced
(circle one)

PAYMENT AND OTHER TERMS, LIABILITY WAIVER AND ASSUMPTION OF RISK AND RELEASE

I understand that all player and team deposits are non-refundable unless the league does not take place, and that I must pay in full for any league by no later than the first day of play. **I accept that enrollment in a SPORTIME (the "Club") league is for the full session and that no refunds will be given for withdrawals or absences after a session begins.** I understand and agree that upon enrolling in a league, my or my team's attendance at one game during such league session constitutes acceptance of enrollment for the entire league session and proof of use of services for the entire league session. By signing below I agree that I will abide by all rules and regulations which now exist or which may be hereafter adopted or amended by the management of the Club.

I agree that there are certain inherent dangers in participating in sports activities. In consideration of my participation in the activities and programs of the Club and to use its facilities and equipment, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the Club and its partners, officers, agents, employees, representatives, executors and all others from any and all responsibility or liability arising from injuries or damage resulting from my participation in any activities and programs of the Club or from my use of its facilities and equipment. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to me, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, or in any way arising out of or connected with my participation in any activities and programs of the Club or the use of its facilities and equipment. These conditions apply individually and/or jointly with other players or guests of players.

I understand and agree that sports activities, including the use of sports equipment, are potentially hazardous activities, which can potentially result in serious injury and even death. I am voluntarily participating in these activities with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

I do hereby further declare myself to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent my participation in sports and fitness activities or my use of sports equipment, except as stated on this application. I do hereby acknowledge that I have been informed of the need for a physician to approve my participation in sports activities, and my use sports equipment. I also acknowledge that the Club has recommended that I have an annual or more frequent physical examination and consultation with a physician related to physical activity so that I might have his/her recommendations concerning my participation in such activities. I acknowledge that I have either had a physical examination and been given my physician's permission to participate in sports activities and to use sports equipment, or that I have decided to do so, without the approval of a physician, and do hereby assume all responsibility for my participation in such activities and use of such equipment.

In case of accident or injury and an emergency contact person cannot be reached, I grant the Club permission to obtain medical attention for me if necessary, for which I will be financially responsible. I understand that the Club retains the rights to any photographs or video taken at the Club for use in publicity, marketing or advertising. I understand that the Club reserves the right to close its facilities for repairs or alteration. I understand that the Club will make every effort to schedule, but does not guarantee, make ups for program classes missed by me.

Any player, parent or coach that is ejected from a game must leave the Club immediately. All suspensions and ejections are final. In the event that a player or team is ejected from the league, no refunds will be given. Team captains are responsible for picking up a team rules packet and for reviewing it with their team.

Player Signature: _____ Date: ___/___/___

How did you hear about SPORTIME? _____

Please Make Checks Payable to: SPORTIME

(Office Use Only)

Session Placement: Day & Time: _____ Director's Initials: _____

Acct # _____ Pmt Amt. _____ \$ √ cc Date _____ Rec. # _____ Rec. Name: _____