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**ERVA Referee & Scorekeeping Clinic Attendance Sheet**

CLINICIAN (please print):

This is a verification of your attendance at a REQUIRED clinic. By signing your name, you are attesting that you completed the clinic. Falsification may result in suspension and/or expulsion from USA Volleyball.

CLUB NAME TEAM

DATE NAME OF SITE

Team Age Division:  
U12 U13 U14 U15 U16 U17 U18

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| PRINTED NAME SIGNATURE | |
| *PLAYERS:* | |
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| ***REGISTERED*** *ADULTS (coaches/chaperones/club directors):* | |
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| ***NON-REGISTERED*** *ADULTS (parents, not in Webpoint):* | |
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**CLINICIANS:** Please have ALL PARTICIPANTS print and sign their name on this form. ***All attendees MUST attend full clinic and sign this sheet to be considered certified.* COACHES:** Please fill out your club/team information at the top of this form.

USE ONE FORM PER TEAM \* If more room is needed, please use another sheet.

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**ERVA R1 Clinic Attendance Sheet**

CLINICIAN (please print):

This is a verification of your attendance at a REQUIRED clinic. By signing your name, you are attesting that you completed the clinic. Falsification may result in suspension and/or expulsion from USA Volleyball.

CLUB NAME TEAM

DATE NAME OF SITE

Team Age Division:  
U12 U13 U14 U15 U16 U17 U18

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| PRINTED NAME SIGNATURE | |
| *PLAYERS:* | |
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| ***REGISTERED*** *ADULTS (coaches/chaperones/club directors):* | |
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| ***NON-REGISTERED*** *ADULTS (parents, not in Webpoint):* | |
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**CLINICIANS:** Please have ALL PARTICIPANTS print and sign their name on this form. ***All attendees MUST attend full clinic and sign this sheet to be considered certified.* COACHES:** Please fill out your club/team information at the top of this form.

USE ONE FORM PER TEAM \* If more room is needed, please use another sheet.