

CALIFORNIA HEAT



VOLLEYBALL CLUB

# 2017 FALL JUMP TRAINING/CONDITIONING Registration Form

Our Jump Training and Conditioning program will emphasize proper jumping techniques, strength training, and core and upper body strength training.

Sessions are on Monday & Wednesdays from 8:00-9:00 pm starting Wednesday September 5th thru Monday October 29th.

The Cost is \$200.00 for the program.

Gym Location 4740 Calle Carga, Camarillo, CA 93012 (use back entrance)

PARTICIPANTS NAME \_\_\_\_\_ PLAYER'S EMAIL \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ PARENT'S EMAIL \_\_\_\_\_

PLAYER'S CELL \_\_\_\_\_ PARENT'S CELL PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIPCODE \_\_\_\_\_

AGE \_\_\_\_\_ BOY \_\_\_\_\_ GIRL \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_

**Jump Training is open to all players. You do not have to play on a Club Team at California Heat Volleyball Club to participate.**

### WAIVER & PROGRAM PARTICIPATION

The undersigned hereby agrees to defend, indemnify, and hold harmless California Heat Volleyball Club and its coaches and director against any and all losses, liability charges, and expenses(including attorney fees), and costs which may arise by reason of participation in this program. (California Heat Volleyball Club does not provide accident, medical, liability, workers' compensation insurance, or any insurance for program participants.) As a parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I agree to pay any and all costs incurred as a result of said treatment. I agree to carefully inspect and satisfy for myself that the facilities provided are reasonably safe for their intended use. Once having conducted the inspection, I agree to expressly assume the risk of participation at the premises. I also assume the risk as a spectator at the premises. I understand the California Heat Volleyball Club retains the right to use photos taken during activities for publicity purpose.

Signature (Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE REQUIRED TO PROCESS REGISTRATION

Cost : \$200.00

CHECKS PAYABLE TO:

MAIL CHECK & REGISTRATION FORM TO:

Sessions have limited enrollment, so register early

MAILING ADDRESS

California Heat Volleyball Club

5021 Verdugo Way, Suite 105-310

Camarillo, CA 93012

For more information

[www.californiaheatvbc.net](http://www.californiaheatvbc.net)

[calheatvbc@gmail.com](mailto:calheatvbc@gmail.com)

805 657-6700

ONLINE REGISTRATION IS AVAILABLE