

# SAN GABRIEL ELITE VOLLEYBALL CLINICS

Name\_\_\_\_\_Grade\_\_\_\_ Age\_\_\_\_ School\_\_\_\_\_

Address\_\_\_\_\_City\_\_\_\_\_ Zip\_\_\_\_\_ Phone\_\_\_\_\_

Position(s)\_\_\_\_\_ Email\_\_\_\_\_

Parent's Names\_\_\_\_\_ Emergency #\_\_\_\_\_

Please select the program you are registering for:

\_\_\_ 1 session \$25

\_\_\_ 5 sessions \$115

\_\_\_ 10 sessions \$200

For more information, please check our website at [www.sgelitevb.org](http://www.sgelitevb.org) or you can call Kenji Mukai at 626 524-3721

Location: **Glendale Adventist Academy, San Gabriel High School or Pasadena High School. Please check the schedule on our website.**

I hereby authorize the staff of San Gabriel Elite Volleyball Club to act for me according to their best judgment in any emergency which requires that my child receive medical attention. I hereby waive and release San Gabriel Elite staff, directors, board of directors, Westridge High School, Glendale Adventist Academy, San Gabriel High School or any other San Gabriel Elite facility from any and all liability for any injuries sustained by my child while attending and participating in the events of the club. Furthermore, I have no knowledge of any physical impairment in my child which would be affected by participation in the San Gabriel Elite VB event(s).

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

*Please bring this form to your first clinic:*

San Gabriel Elite Volleyball Club  
Kenji Mukai  
1404 E. Marbury Street  
West Covina, Ca 91791