TRUMAN VOLLEYBALL  
TWO DAY SUMMER CLINIC

TUES. AUGUST 10TH & WED. AUGUST 11TH  
9AM-12PM UPCOMING GRADES 5-8

Held at Pershing Arena on Truman campus in Kirksville  
Cost: $50 (total for both days) 
Make Checks Payable to Truman Volleyball

Truman State University Head Volleyball Coach Ben Briney and Assistant Coach Megan Wargo are hosting a summer middle school clinic. Players will receive hands on instruction on all fundamental skills. Please feel free to e-mail Coach Wargo with any questions. To pre-register send registration form along with check/money order to Truman Volleyball PB201C/ 100 E Normal/ Kirksville, MO 63501. Will also accept walk-up registration on day of clinic.

Contact Information: 
Megan Wargo– Assistant Coach 
Office: 660-785-7751  
Cell: 660-341-9610 
E-mail: mwargo@truman.edu

Registration Form

Name: _____________________________  E-Mail:_________________________  
Phone:_____________________________ 
School: ___________________________ 
Address:___________________________ 
Emergency Contact Name/Phone:______________________

By signing below, I understand that I am authorizing the participant named above to attend the Truman State University Volleyball Clinic and to participate in that camp actively and fully. I understand that this activity carries with it the potential for personal injury, and I accept this risk on behalf of my child. On behalf of my child and myself, I hereby release the University, its officers, and employees, including the Athletic Department and its staff, from any liability or claims for damages arising from personal injury sustained by my child during this activity. My child and I understand the nature of the risks of injury involved in this activity and I assume all responsibility for any injuries incurred during participation at this camp. I know of no mental or physical problems that might adversely affect my child’s ability to participate in this camp. I understand further that I will be responsible for any expenses incurred on behalf of the participant in connection with any first aid, medication, medical treatment, or surgery that may be deemed medically necessary on account of any injuries sustained in this activity. I hereby authorize the certified athletic trainer to secure any needed medical treatment for this participant and to execute whatever documents and releases are necessary for securing such medical treatment in the event that I am not immediately available to do so. I further state that this participant is covered under a policy of medical/health insurance with:

INSURANCE COMPANY: __________________________  POLICY NUMBER:__________________________________

I understand that the University will carry no health insurance coverage on the participant during this camp activity, and I am fully responsible for any and all medical expenses incurred on behalf of the participant.

PARENT/LEGAL GUARDIAN’S SIGNATURE                  DATE