

The Elite Training Weekend 2010

Michigan Elite Volleyball Club

It's back, and better than ever! Go hard for 3 volleyball-packed days and tune up your skills before High School tryouts begin. This weekend is designed for the High School athlete who wishes to be challenged and fine-tune their skills prior to their fall season. Overall skill development and tactical training are covered in this highly competitive and intense weekend. The National Team Coaches from Michigan Elite Volleyball Club, as well as special guest coaches from around the country, collaborate, to bring the athletes the best training, the best atmosphere, and most inspiring volleyball weekend possible.

WHO: Players grades 9-12
*7th/8th graders taken with recommendation, email amber.mielite@gmail.com

WHEN: August 6-8
Friday, 6pm-9pm
Saturday, Sunday 10am-12:30pm – lunch – 1:30pm-4pm and Sunday 11am-1:30pm

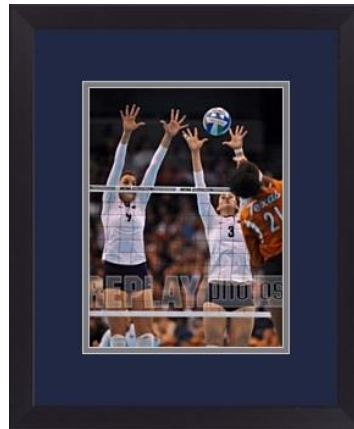
WHERE: Elite Sports Center Warren – 6881 W. Chicago Rd., Warren, MI 48092
Elite Sports Center Novi – 42350 Grand River, Novi 48375 (behind Cort Furniture)

COST: Michigan Elite Member \$150
Non member \$175

PROGRAM CODE: ETWM09 \$150.00
ETWNM09 \$175.00

Visit us at www.mielitevolleyball.com

Online registration available -club store or call 586-264-3101. You may pay by check and forward your check and registration to ESC 6881 W. Chicago Rd., Warren, MI 48092



Michigan Elite Volleyball Club

REGISTRATION & MEDICAL RELEASE FORM

Player Name: _____ Graduation Year: _____

High School: _____ DOB _____

Height: _____ Shirt Size: XS S M L XL (circle one, womens' sizes)

Position(if known): _____

Mothers Name: _____ Phone: _____

Address: _____
and street city state zip

Mother's email: _____

Father's Name: _____ phone: _____

Address: _____
and steet city state zip

Father's
Email: _____

Emergency Contact (if no parent can be reached): _____

Phone: _____ relationship to child: _____

Permission to Treat

As custodial parent or court-appointed guardian of the above mentioned child, I do for both of child's parents, for for child's heirs and successors, release Michigan Elite Volleyball Club and any of its agents, employees, representatives, and the Elite Sport Centers, from all claims rising out of or connected with child's in any Michigan Elite Volleyball Club event, camp or practice. I provide this release because I am mindful that athletics, physical training and competition can be a dangerous undertaking regardless of how careful or prudent any person, firm or facility might be. Further, I give permission to Michigan Elite Volleyball Club to treat Child or arrange for medical care or treatment for Child in any situation deemed reasonably necessary by Michigan Elite Volleyball Club.

In the event neither emergency contact can be reached or is the urgency of the situation requires immediate attention without prior telephone contact, Michigan Elite Volleyball Club, may arrange for medical treatment for the Child at the expense of the parent or guardian signing this form. Health Insurance information for child is as follows:

Insurance Co. _____ policy number _____

Address: _____ city _____ state _____ zip _____

Telephone: _____

In order to seek appropriate medical attention and treatment of Child, please disclose the following:

Allergies: _____

Heart Disease, Asthma, seizures, diabetes or other: _____

Any conditions either physical or mental that would or might affect the child's participation in Michigan Elite Volleyball Club activities: _____

Medications: _____

I have read the above and answered all questions to the best of my knowledge, thereby releasing Michigan Elite Volleyball Club from any liability.

Signed: _____ date: _____

If athlete is over 18, Sign: _____ date: _____

Camp Code	East or West (indicate)	\$
Before/After Camp Care		
Credit card online	Check	Cash
Total:		_____