

# Mansfield Volleyball Spring Clinic 2020



**Who:** Any girls in grades 3-5 interested in learning how to play volleyball and may have an interest in playing at the high school. Clinics will help girls who have never played volleyball, or those who have had some experience. Students will learn basic skills, rules of the game, and enjoy competitive play. Clinics will be led by the MHS high school coaches and student-athletes.

**Where:** Mansfield High School gym **3:00-5:00 PM**

\*JJ students will be walked over from JJ to MHS by high school captains and supervision by coaches will be provided in the gym before clinics begin.

**When:** May 19, 21, (Tuesday & Thursday) 27, 29 (Wednesday & Friday)

\*Days vary on the two weeks due to Memorial Day. **Cost: \$80 for all 4 sessions. \$45 for 2 sessions.**

**PLEASE MAKE CHECKS PAYABLE TO: MANSFIELD BOOSTERS**

Please wear shorts, a t-shirt and athletic sneakers (knee pads are optional). Be sure to bring water and a snack. For questions please email: [jillian.MacKinnon@mansfieldschools.com](mailto:jillian.MacKinnon@mansfieldschools.com).

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 Please cut off this bottom portion if interested in participating and **RETURN BY TUESDAY, APRIL 28<sup>TH</sup>**  
 Return **form** and **payment** to Mansfield High School, 250 East Street, ATTN: Jillian MacKinnon.

My daughter \_\_\_\_\_ would like to participate in the Elementary Youth Clinics  
 She is currently in grade \_\_\_\_\_

JJ Teacher (to contact for dismissal): \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Emergency Contact: (Name/phone #) \_\_\_\_\_

Parent Email (for confirmation) \_\_\_\_\_

Student Email (for more volleyball opportunities) \_\_\_\_\_

**\*\*\* Signature Required on reverse side \*\*\***

The above named has my permission to participate in the Mansfield High School Youth Cheer Clinic. I understand that Mansfield High School, the clinic directors, or any other members of the clinic staff will not be liable for accidents and medical or dental expenses that are incurred as a result of participation in this program. I further release Mansfield High School from any further claims.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My daughter will attend: (please check one): \_\_\_\_\_ 4 sessions (\$80) \_\_\_\_\_ 2 sessions (\$45).

If choosing 2 sessions, please specify which dates they will be attending \_\_\_\_\_

**Mansfield Public Schools**  
PARENTAL CONSENT, RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT

We, the undersigned father and mother or guardian(s) of \_\_\_\_\_ a minor, do hereby consent to his/her participation in a Volleyball Clinic: and do forever RELEASE, acquit, discharge, and covenant to hold harmless the Town of Mansfield, a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants, and agents, including but not limited to the Mansfield School Committee and its employees, servants, and agents, of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which we/I may now or hereafter have, as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the Mansfield Public Schools Volleyball Clinic; FURTHERMORE, we/I hereby agree to protect the Town of Mansfield and its successors, departments, officers, employees, servants and agents, including but not limited to the Mansfield School Committee and its employees, servants, and agents, against any claim for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in the Mansfield Public Schools Education Department's voluntary Volleyball Clinic, and to INDEMNIFY, reimburse or make good to the Town of Mansfield or its successors, departments, officers, employees, servants and agents, including but not limited to the Mansfield School Committee and its employees, servants, and agents, any loss or damage or costs, including attorney's fees, the Town or its representatives may have to pay if any litigation arises from said minor's intentions, grossly negligent, or reckless acts or omissions while participating in said Volleyball Clinic.

\_\_\_\_\_  
Signature(s) of Parent(s) or Guardian(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship

COMPLETE REVERSE SIDE