



Dallas Synergy Volleyball Club

www.DallasSynergy.com

Small Group Clinics

Name: _____

Grade (Fall 2008): 6th 7th 8th 9th 10th 11th 12th

School: _____ Emergency Number: _____

Phone Number: _____ E-Mail: _____

Parent/Guardian: _____

Clinic Number (from website): _____

Clinic Date (from website): _____

Clinic Time (from website): _____

Please fill out one sheet for each clinic so that the clinician will have this sheet in his/her folder for emergency information.

To register please mail these three items to the address listed on the bottom of this sheet:

- 1) This completed form
- 2) Completed **AND SIGNED** Waiver
- 3) Tuition

Please make checks payable to: **Synergy Volleyball Club**

If the date of the clinic is approaching and you decide at the last minute to attend, please e-mail Forrest at forrest@DallasSynergy.com and he may be able to add you to the list and then you will be able to deliver all these items the first night of the clinic.