

Stoneham High School Presents:



Volleyball

*A week of skills, drills, games
and fun!*

July 29th - Aug 1st

9:00 a.m. to 2:00 p.m.

Grades 1-8

Location - Middle School Gym

Cost \$175 per child

\$150 second child

\$350 family cap

Family discount is within the same sports clinic

Please bring:

- ***Plenty of water/Gatorade***
- ***Snack***
- ***Sunscreen***

Please wear:

- ***Athletic apparel (dress
according for the weather***
- ***Sneakers***

**Please bring your own lunch.
No food will be provided.**

[Register here](#)

Run by:

Paul Hardy - Stoneham High
Schools Volleyball Coach

phardy@stonehamschools.org

Morgan Reiser - Stoneham High
Schools Volleyball Coach

mreiser@stonehamschools.org

Check payable to: Stoneham High
School or pay online at [Unipay](#).

*Checks can be mailed to the high school
or brought on the first day of the clinic.*

CONSENT AND MEDICAL RELEASE FORM

I do hereby consent to my/my child's participation in voluntary athletic or activity programs of the Stoneham Public Schools.

I also agree to forever release the Stoneham Public Schools, the School Committee, and all individuals and organizations assisting or participating in voluntary athletic or activity programs of the Stoneham Public Schools ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Stoneham Public Schools voluntary athletic or activity programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future from my child's participation in the Stoneham Public Schools voluntary athletic or athletic programs.

I further affirm that I have read this CONSENT AND RELEASE FORM and that I understand the contents of this form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this form, I affirm that I have decided to allow my child to participate in the Stoneham Public School's athletic or activity programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may

suffer in voluntary athletic or activity programs.

In addition, I hereby give my consent for the above name student:

1. To represent this/her school in approved activities;
2. To accompany any school group of which she/he is a member on its local or out-of-town trips;
3. To receive, through a medical doctor of the school's choice, emergency medical care which may become reasonably necessary in the course of activity of travel.

I further agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above named student in the proper course of activities or travel.

In the unlikely event that medical attention may be necessary for my child, I give consent for emergency medical/surgical treatment of my child.