



# Beckman Catholic One-day Volleyball Clinic

Saturday, May 4  
9:00 a.m. – 12:00 p.m.  
Grades 3<sup>rd</sup> – 6<sup>th</sup>

Cost: \$20 - includes t-shirt

Checks: Beckman Catholic High School

Send to:

Volleyball Clinic  
Beckman Catholic HS  
1325 9<sup>th</sup> St. SE  
Dyersville, IA 52040

\*\* Please return form by April 15

Any questions contact Todd Troutman - [ttroutman@beckman.pvt.k12.ia.us](mailto:ttroutman@beckman.pvt.k12.ia.us) or call Beckman at 875-7188.

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NAME: \_\_\_\_\_ GRADE (18-19): \_\_\_\_\_

PARENT'S: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ST/ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

T-SHIRT SIZE \_\_\_\_\_ Adult or Youth (circle one)

I certify that \_\_\_\_\_ has my permission to compete in the 2019 Volleyball CLINIC. I hereby accept full responsibility for my child in case of accident and for behavior. I understand that Volleyball Clinic Coaches, Beckman Catholic High School, or any of its agents or employee's cannot be held responsible in the event of an accident or lost items and do waive and release all right and claims of whatever nature they may be. MY CHILD IS INSURED IN CASE OF INJURY. I agree to the above terms and indicate compliance by my signature.

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Signature of Parent or Guardian

Date