



PELHAM RECREATION DEPARTMENT
20 FIFTH AVENUE 738-0153/FAX 712-0586
WWW.PELHAMRECREATION.COM

2017 SUMMER VOLLEYBALL CLINIC
JULY 17 – JULY 21 / 9AM-12 NOON

PHILOSOPHY: This clinic is designed for players in grades 4-8 that are looking to learn and build basic volleyball skills.

DATES / TIMES: July 17 – July 21 / 9:00AM - 12:00PM

LOCATION: Pelham Middle School Gym

FEE: \$150 week / \$35 per day ***NO REFUNDS**
Check or money order only: Payable to Pelham Recreation

Looking for a fun filled day, attend our Day Camp in afternoon and receive \$50 off clinic price, must sign up for full week of Camp and Clinic. Free transportation from Clinic to Day Camp

STAFF: Michael Sgobbo is an accomplished coach and teacher. He is an elementary school physical education teacher in the New Rochelle Public School system. Mr. Sgobbo has experience coaching volleyball at the modified level in the private school sector and is currently coaching 8th grade basketball (OLPH), Varsity Boys & Girls Tennis (NRHS), and is a Field Director at Rising Star Baseball Camp in New Rochelle. Players from the Pelham Varsity team will be assisting Coach Sgobbo as well.

<u>SCHEDULE:</u>	9:00-9:15AM	Warm-Ups/Stretching
	9:15-10:15AM	Stations – Skills/Drills
	10:15-11:15AM	Cooperative Games/Team Building
		The Serving Web, Hit The Deck, Touch 10, Amoeba
		Pepper, Zip It Up, relays and more!
	11:15-12:00PM	Games/Scrimmages

2017 SUMMER VOLLEYBALL CLINIC REGISTRATION FORM

Please Return to Recreation Office prior to start of program

NAME _____ PHONE# _____ CELL# _____

ADDRESS _____ E-MAIL _____ GRADE _____

INDICATE YOUR REGISTRATION CHOICE ON YOUR CHECK:

\$150 PER WEEK _____

\$35 DAILY: MON _____ TUE _____ WED _____ THU _____ FRI _____ TOTALS _____

****Please sign Code of Sportsmanship & Hold Harmless Agreements on back of flyer**

Parent/Guardian Signature

If, due to a disability, you need an accommodation or assistance to participate in Pelham Recreation programs, please contact us at (voice) 914-738-0153 or (TDD relay) 1-800-662-1220

RECEIPT _____ CHECK _____ AMOUNT _____

PELHAM RECREATION DEPARTMENT

PELHAM RECREATION DEPARTMENT CODE OF SPORTSMANSHIP AGREEMENT

One of the goals of the Pelham Recreation Department is to provide the youth of Pelham with a safe, fair and fun environment where they can compete in a range of athletic activities. In order to achieve this goal, it is essential that there is total cooperation among the athletes, coaches and parents in demonstrating GOOD SPORTSMANSHIP at all times. Under no circumstances should any spectator or outsider interfere with any of the children, coaches or officials. Any disruption of a game makes it virtually impossible to organize and instruct the children, and thus, will not be tolerated. The spectator or outsider and child will be asked to leave the field or playing area. So that every child benefits from a successful program, every parent of a child participating in a Pelham Recreation Department sponsored event is asked to sign this Code of Sportsmanship Agreement.

Child's Name _____ Parent(s) / Guardian Signature _____

HOLD HARMLESS AGREEMENT

Important: This agreement contains a waiver of rights by the people signing it. Please READ IT CAREFULLY. If you have any questions or reservations about it whatsoever, please do not sign it.

This AGREEMENT entered into this ____ day of _____, 20____ by and between THE PELHAM RECREATION COMMISSION ("The Commission") and _____ (the "Participant"), or _____ and _____ (the "Parent(s) of the Participant" if he or she is under the age of 18 years.)

WITNESSETH: In consideration of the Participant being allowed by the Commission to participate in all Pelham Recreation programs to use the fields and facilities of the Town of Pelham and the Pelham Public School District in consideration of the covenants and representations herein made, the Participant or the Parent(s) of the Participant do hereby agree as follows:

1. The Participant or the Parent(s) of the Participant as the case may be, do hereby release and discharge and agree to hold harmless the Town of Pelham and its Town Council, The Pelham Recreation Commission, The Pelham Public School District and its Board of Education, and their members, officers, directors, employees and agents (including persons serving as volunteers) (Hereafter collectively referred to as "the Sponsor") individually and collectively of and from any and all liability, action, cause of action claim, demand and responsibility whatsoever in law and in equity, arising out of or in consequence of the Participant participating in the Program, or being a passenger in a vehicle provided by the Sponsor in conjunction with the Program – including specifically but without limitation injury and/or death – unless the same is caused by the gross negligence or willful misconduct of the Sponsor.
2. The Participant or the Parent(s) of the Participant specifically acknowledge the potential of risk and injury involved in participation in the Program and do hereby assume said risk and authorize the Commission or its representative to obtain emergency medical treatment for the Participant should the same be necessary during the course of the Program and should the Commission or its representative be unable to make immediate contact with the Parent(s) of the Participant. The Participant or the Parent(s) shall be responsible for the costs of said emergency treatment.
3. It is understood and agreed that the Town of Pelham, the Pelham Recreation Commission, and the Pelham Public School District shall not be required to maintain medical or hospitalization insurance coverage with respect to the program and those who participate in it.

(Participant) _____ Parent(s) Signature _____

Pelham Rec. Dept. _____