



Location

Body Fit Fitness
511 Industrial Mile Rd
Columbus Ohio

Coach's

Contact info

Randy Cline
Jackie Schardt

310-696-3864
719-339-3278

elitevbtc@yahoo.com

Lesson's available for hour sessions

Monday	7-9pm
Wednesday	7-9pm
Friday	6-9pm
Saturday	9am-12 noon
Sunday	1-5pm

Prices per session

Clinic	(5-8) players	35.00 per player includes gym fee
Semi-private	(2-4) players	45.00 per player includes gym rental
Private (1 on 1)		60.00 per hr includes gym fee

Gym fee includes full use of the facility, weight room, cardio equipment, basketball and racquetball courts. Basically the gym fee is the court rental for your daughter, but there are a lot of perks!

At Elite Volleyball Training Center, we specialize in breaking down the detail in every skill



Registration Form

Camper Name _____

Address _____

Position _____

School _____

Date of Birth _____

Parent's names _____

Parent email address _____

Phone # _____

Waiver Form Completed _____

Clinics/Lessons interested in attending _____

24-hour notice is required for cancellation and rescheduling of lesson/clinic.

Please make checks payable to EVTC. Mail registration form, medical waiver, and payment to:

**EVTC
5535 Ranchwood Drive
Columbus, OH 43228**



Volleyball Medical Consent and Waiver Form

5535 Ranchwood Drive
Columbus, OH 43228

PARENT CONSENT AND WAIVER OF RESPONSIBILITY

PLEASE RETURN BY MAIL OR BRING WITH YOU TO REGISTRATION

CAMP/CLINIC/PRIVATE LESSON: _____

It is agreed that all risks attendant to watching and/or participating in camp activities, including, but not limited to bodily injury, are assumed by the participant and his/her parents and/or legal guardian and that this assumption is acknowledged, approved, and agreed to by said participant and his/her parents and/or legal guardian as indicated by their signature hereto. It is agreed that parents and/or legal guardian agree to be financially responsible for any costs involved after the parent's/legal guardian's insurance has paid.

In consideration of EVTC lessons _____ (Camper's Name)

is a participant for the camp for the period mentioned above:

I hereby certify the named camper is physically able to participate in the Volleyball activity or Sports camp and that I know of no physical impairments which would in any manner limit his/her participation in such a program.

I hereby grant permission for physicians, dentists, other licensed health care providers and their designees to administer outpatient medical, surgical, or dental services as appropriate, or necessary antigens or other injections, to perform emergency procedures as necessary or refer to duly licensed medical personnel when indicated.

Parent or Legal Guardian Signature & Date

MEDICAL INFORMATION

Medical Insurance Company: _____ Policy # _____

Address: _____

Phone: _____

Medical History (if pertinent): _____

Allergies, present medications, special considerations:

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

EMERGENCY CONTACT NUMBER

Name: _____ Relationship to Athlete: _____

Home Phone #: _____ Work #: _____ Cell Phone #: _____