

COLUMBIA VOLLEYBALL

Middle School Clinic

For Incoming 7TH & 8TH GRADE GIRLS

DATES:	Tuesday, August 9, 2011
CHECK-IN:	3:30 - 4 pm
CLINIC TIMES:	4 pm until 8 pm
WHERE:	High School Gymnasium
CLINIC COST:	\$40.00 per participant (Includes T-Shirt)

The goal of the Columbia Middle School Volleyball Clinic is to specifically break down each volleyball skill to ensure proper technique and mechanics; increase individual development of each volleyball skill; individually prepare each player for the upcoming Middle School Volleyball Tryout and season.

The participants will receive instructions from the Columbia Volleyball Coaching Staff and demonstration and interaction from the high school players. The first three hours are dedicated to detailing the proper technique and mechanics of each volleyball skill (passing, setting, spiking, serving, and blocking). The last hour of the clinic will be spent in game-like situations.

The Columbia Volleyball Coaching Staff does not feel that individual skill development or instruction should take place at the Middle School Volleyball Tryout. The Tryout consists of a series of drills which showcase the athlete's skills and allows the evaluators to determine individual status. All skill development or instruction will be taught by the middle school coaches after the middle school team is formed or can be obtained prior to the Middle School Tryout session through participation in this clinic or similar clinics and camps being offered by other organizations, colleges, etc. throughout the summer.

Please complete the registration form, accompanied with the **\$40.00 fee (checks payable to Columbia Volleyball)**, and return to the school office or mail to the address below **by August 1st** . This deadline is necessary to ensure the order and delivery of the t-shirts. However, registration will still be permitted after the deadline date. Participants will not be permitted to participate without a signed registration form. If you have any questions, please contact:

Coach Patty Vandeventer
Columbia Volleyball
P.O. Box 146
Brooklyn, MI 49230
coachv@frontiernet.net
(517) 592-3613 (home/office)

COLUMBIA MIDDLE SCHOOL VOLLEYBALL CLINIC

Registration Form

PLAYER INFORMATION:

NAME _____ GRADE _____

ADDRESS _____

TELEPHONE _____ EMAIL _____

T-SHIRT SIZE: Adult Size: S M L XL (*circle size*)

GUARDIAN INFORMATION:

NAME _____ RELATIONSHIP TO MINOR _____

TELEPHONE _____ EMERGENCY PHONE _____

MEDICAL INFORMATION:

IN CASE OF EMERGENCY: CONTACT _____ PH _____

DOES MINOR HAVE ANY ALLERGIES? YES NO (*circle one*)

IF YES, PLEASE EXPLAIN: _____

ARE THERE ANY MEDICATIONS BEING TAKEN AT THIS TIME? YES NO

IF YES, PLEASE LIST: _____

MEDICAL WAIVER:

As parent(s) or guardian of _____, a minor in consideration of her/his participation in the Columbia Middle School Volleyball Clinic conducted by the Columbia Athletic Department, I/we acknowledge that participation in volleyball may result in serious injuries, and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Columbia Volleyball Program, Columbia Athletic Department, the organizers, sponsors, supervisors, and participants for any claim arising out of any injury to my/our child whether the result of negligence or any other cause. I/we further acknowledge that the Columbia Volleyball Program maintains no accident insurance covering the participants in the Columbia Middle School Volleyball Clinic.

Parent/Guardian Signature _____ Date _____