

# Youth Volleyball Clinic

## Focus:

- Becoming familiar with the game
- Learning the rules of the game
- Developing volleyball skills



## Cost:

\$5.00 for instruction

Water will be available for purchase for \$1.00

## Deadline to Register:

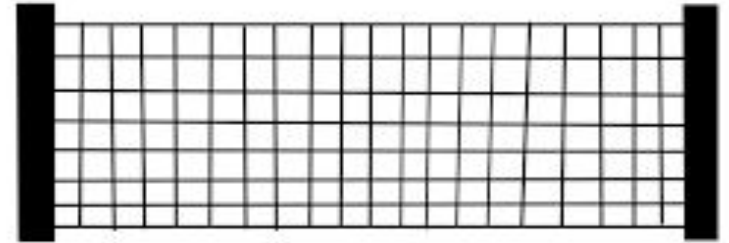
Participants will be able to pay the day of the camp, but information for registration will be needed as well. Registration card is on the back of this flyer.

## Coach's Contact Information:

Lexi Sullivan

Hanceville's Varsity Volleyball Coach

Email: [lsullivan@ccboe.org](mailto:lsullivan@ccboe.org)



**Age Group:**  
3rd-5th grade

**First Meeting:**  
Feb 17, 2020 3pm-5:30pm

**Upcoming Dates:**  
March 9 and April 13

# Youth Volleyball Clinic Registration Form

Participant's Name: \_\_\_\_\_

Participant's Age: \_\_\_\_\_

Emergency Contact  
Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Physical/Medical Concerns:

## Medical Release:

I waive and release camp staff from any and all liabilities incurred while participating in the camp. I have no knowledge of physical conditions which may affect my child's ability to safely participate.

\_\_\_\_\_  
Parent Signature

## Reminder:

Cost is \$5.00 to participate and water will be \$1.00

Cash or check is accepted and is due the day of the camp.

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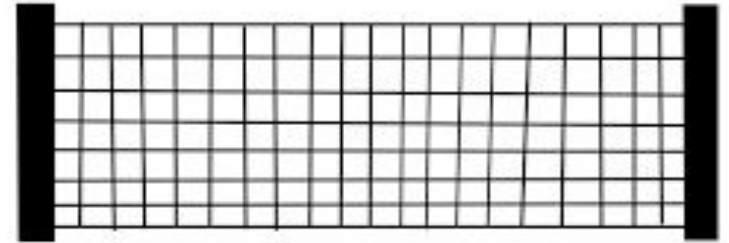
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## Coach's Contact Information:

Lexi Sullivan

Hanceville's Varsity Volleyball Coach

Email: [lsullivan@ccboe.org](mailto:lsullivan@ccboe.org)



## Age Group:

6th-8th

## First Meeting:

February 18, 2020 3pm-5:30pm

## Upcoming Dates:

March 11 and April 14

# Youth Volleyball Clinic Registration Form

Participant's Name: \_\_\_\_\_

Participant's Age: \_\_\_\_\_

Emergency Contact  
Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Physical/Medical Concerns:

## Medical Release:

I waive and release camp staff from any and all liabilities incurred while participating in the camp. I have no knowledge of physical conditions which may affect my child's ability to safely participate.

\_\_\_\_\_  
Parent Signature

## Reminder:

Cost is \$5.00 to participate and water will be \$1.00

Cash or check is accepted and is due the day of the camp.

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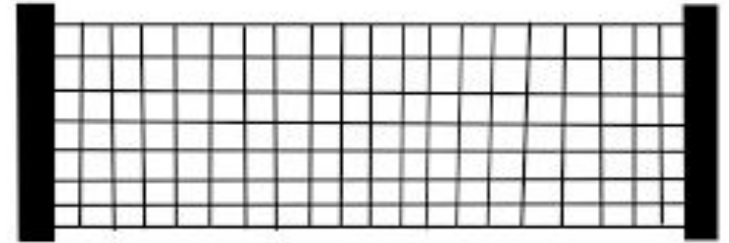
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## Coach's Contact Information:

Lexi Sullivan

Hanceville's Varsity Volleyball Coach

Email: [lsullivan@ccboe.org](mailto:lsullivan@ccboe.org)



## Age Group:

9th-12th

## First Meeting:

February 20, 2020

## Upcoming Dates:

March 12 and April 16



# Volleyball Clinic Registration Form

Participant's Name: \_\_\_\_\_

Participant's Age: \_\_\_\_\_

Emergency Contact  
Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Physical/Medical Concerns:

## Medical Release:

I waive and release camp staff from any and all liabilities incurred while participating in the camp. I have no knowledge of physical conditions which may affect my child's ability to safely participate.

\_\_\_\_\_  
Parent Signature

## Reminder:

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