

Winter Volleyball Clinic

You're invited to share "The Love of the Game" at this year's Winter Volleyball Clinic!

When: Each Wednesday evening in February from 6:00pm-7:30pm

Where: Central High School Gym

All kids 2nd-6th grade are welcome to attend Winter Clinic.

- Individual skill work and team concepts taught at an age appropriate level.
- Instructor to athlete ratio is 1:10 in most situations.
- Price includes instruction and a Clinic Volleyball T-Shirt
- Athletic shoes are required. Knee pads are optional but recommended.
- Parents are invited to attend on the last evening for competitive play.

Directing the Winter Volleyball Clinic will be Head Coach Lyndsay Baker. Coach Baker is in her 15th year of coaching at Central High School and just completed her first season as the Head Coach for the Chargers. Assisting with this year's Winter Clinic will be volleyball coaches from Central High School and former volleyball players.

Cost and Payment Deadline:

Mail-in Registration \$100 postmarked by January 28th
Winter Volleyball Clinic * c/o Lyndsay Baker * PO Box 701 * Hurst, Texas * 76053
\$115 after January 28th

Make checks payable to: Charger Volleyball

Please contact Coach Baker at Lyndsay.Baker@kellerisd.net or (817) 683-3213

T-shirt Size (please circle one): YS YM YL AS AM AL AXL

Please complete and return this form with your \$100 clinic fee (check or money order payable to Charger Volleyball) postmarked no later than January 28th. After the January 28th deadline, the cost of the clinic is \$115. Your check is your receipt.

Mail to: Winter Volleyball Clinic * c/o Lyndsay Baker * PO Box 701 * Hurst, TX 76053

Child's Name: _____ Parent Name: _____
Address: _____ City: _____
Zip Code: _____ E-mail Address: _____
Cell Phone: _____ Current Grade: _____ School: _____
IN CASE OF EMERGENCY, PLEASE CONTACT: Name: _____
Relation: _____ Phone #: _____

LIABILITY WAIVER:

I, the undersigned parent/legal guardian, give permission for _____ to participate in the Winter Volleyball Clinic. I understand that Keller ISD, its employees, or anyone acting on its behalf, will not be held liable or responsible for personal injuries and property damage or loss of any kind, which may occur, during the camp/clinic. The above forgoing release has been read and understood by the undersigned.

I also give permission for any emergency medical care or treatment by a physician, surgeon, hospital or medical care facility that may be required.

Parent/Legal Guardian

Date