

# ChargerVB Winter Volleyball Clinic

**You're invited to this year's Charger Volleyball Winter Clinic!**  
**When: Each Wednesday evening in February from 6:00pm-7:30pm**  
**Where: Central High School Gym**

All kids 2<sup>nd</sup>-6<sup>th</sup> 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.

Directing the Winter Volleyball Clinic will be Head Coach Lyndsay Baker. Coach Baker is in her 16th year of coaching at Central High School and just completed her 2nd 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 28<sup>th</sup>\*\*

***Make checks payable to: Charger Volleyball***

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

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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**

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

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