

ChargerVB Spring Volleyball Clinic

You're invited to attend our Spring Clinic!!

<p>2nd-4th Grade--\$75.00 April 13, 20, and 27th 6:00-7:30 pm</p>	<p>Both age groups will be following the KISD COVID protocol – masks MUST be worn at all times!</p>	<p>5th and 6th Grade--\$100 April 13, 20, 27, and May 4th 6:00-7:30 pm</p>
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All kids 2nd-6th grade are welcome to attend Spring 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
- A mask and athletic shoes are required. Knee pads are optional but recommended. ***To help us adhere to KISD's COVID procedures, no spectators will be allowed to stay and watch.***

Directing the Spring Volleyball Clinic will be Head Coach Lyndsay Baker. Coach Baker is in her 17th year of coaching at Central High School and just completed her 3rd season as the Head Coach for the Chargers. Assisting with this year's Spring Clinic will be volleyball coaches from Central High School and former volleyball players.

Cost and Payment Deadline:

Mail-in Registration \$75/\$100 postmarked by April 6th
 Winter Volleyball Clinic * c/o Lyndsay Baker * PO Box 701 * Hurst, Texas * 76053
 \$90/\$115 after April 6th

Make checks payable to: Charger Volleyball

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

Please complete and return this form with your \$75/\$100 clinic fee (check or money order payable to Charger Volleyball) postmarked no later than April 6th. After the April 6th deadline, the cost of the clinic will go up by \$15. Your check is your receipt.

Mail to: Spring 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 Spring 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