

Augustana Volleyball Clinic 2018



- What is it?** A 3-week clinic that will increase your knowledge and skills of the game of volleyball. This clinic will be run by the Augustana Volleyball coaching staff and players.
- When is it?** Mondays April 9, 16, 23, 2018 from 6pm to 8pm
- Where is it?** The Carver Center at Augustana College
3500-5th Avenue, Rock Island 61201
- Who is it for?** Any 5th-8th grade boy or girl who is interested in learning and improving the fundamentals of volleyball! Players will be split-up based upon age and skill level.
- Why should you attend?**
- To learn and improve your volleyball skills: movement, passing, setting, hitting, and serving. Plus participants will have fun with games focusing on the skills you learn from the clinic!

The clinic will accept the first 60 players to register. The cost is \$60 per player which includes an Augustana Volleyball T-shirt. Registration is due March 30, 2018.

Please contact Coach Kelly Bethke with questions at kellybethke@augustana.edu

*Please make checks payable to: Kelly Bethke and send full payment (\$60) along with the registration form to:

Kelly Bethke
Augustana College Volleyball
639-38th Street
Rock Island, IL 61201

Player Information

(This must be completed in full with payment attached to guarantee registration)

Player's Name _____ Grade _____

Street Address _____

City _____ State _____ Zip _____

School _____

Parent's Email _____

Parents' Name/s _____

Emergency Contact Number _____

Health Insurance Co. _____ Policy # _____

Volleyball Experience (put down # of years for each):

_____ attended vb camp _____ played for school _____ played club

Please circle T-Shirt Size: *Youth L* Adult S M L XL

Parental/Guardian Release:

My child, _____, understands, as I do, that the sport of volleyball is an active sport in which ankle, knee, shoulder, elbow, wrist, hand, finger, and other injuries are common. I give him/her permission to participate in the Augustana Volleyball Clinic 2018. I understand that, while at this clinic, my child is under the supervision of Augustana College and the employees of the clinic but they are in no way responsible for any injury that may occur while participating in camp activities. I have read this statement and agree fully to its contents.

Signature of Parent/Guardian _____ Date _____