

Girl's 15 & Older **November** Volleyball Clinic's 2020

Mon 11/9	Tues 11/10	Wed 11/11	Thurs 11/12
Center Court-Waukesha	Center Court-Waukesha	Center Court-Waukesha	Center Court-Waukesha
Session size limited to 80 athletes	Session size limited to 80 athletes	Session size limited to 80 athletes	Session size limited to 80 athletes
\$25.00 pay cash on site per night	\$25.00 pay cash on site per night	\$25.00 pay cash on site per night	\$25.00 pay cash on site per night
9th-12th Grade 5:30-7:30	9th-12th Grade 5:30-7:30	9th-12th Grade 5:30-7:30	9th-12th Grade 5:30-7:30

TIME FORMAT: 5:30-7:30 grades 9th – 12th on the court be ready to go, time to work and play!! ☺

REGISTER:

1. Please email penguin@midwestpenguins.com with name and grade or call Janice Siebert 262-442-6512
2. Parent (Guardian) please sign the permission area below for the athlete to participate
3. Bring this form with you the first night you participate, only one form needed for one or all sessions.
4. This Open Clinic is run through Midwest Penguins camp programs, thus you do not need to be a USAV member at this time. You might for other club tune up sessions, please check with them in advance.

Club tryouts are near....Let's play volleyball and prepare

These warmup sessions are designed to:

- Introduce and familiarize yourself with common drills done at various tryout sessions.
- Train to improve your volleyball skills
- Secure several touches on the ball through drills and games
- Assist you in gaining additional information in order for you to make a well-informed decision about club tryouts.

Please come dressed to participate, as we are going to be on the court most of the session.

Instructors: Penguin Club Coaching staff

Name: _____ **Grade** _____ **Amount Paid:** _____

Email Address(s) printed clearly _____

Emergency Contact: _____ **Phone Number: ()** _____

Medical Information: - Please list and explain specific health concerns including physical limitations/restrictions:

State any specific instructions for medical care and emergencies:

I verify that my child has been checked by a licensed physician and is physically able to participate in the volleyball session(s). I agree there is potential for injury in an event like this. Should any injury to my child occur, I assume full responsibility and costs related to injury. I have read the WI concussion information and symptoms and have included the completed attached document.

Parent/Guardian Signature: _____ **Cell # ()** _____ **Date:** ___ / ___ / ___