

CAPTAINS VOLLEYBALL

2019 SPRING CLINICS

POSITIONAL & SKILLS CLINIC - \$45

Sunday, February 10th – 1:00 PM – 3:30 PM

FRIDAY NIGHT UNDER THE LIGHTS SKILLS CLINIC - \$45

Friday, March 15th – 6:00 PM – 8:30 PM

SKILLS & DRILLS WORKSHOP - \$85

Saturday, March 23rd – 9:30 AM – 3:00 PM

SPRING BREAK EXPERIENCE #1 - \$65

Tuesday, April 2nd – 12:30 PM – 5:00 PM (clinic + observe team practice)

SPRING BREAK EXPERIENCE #2 - \$65

Thursday, April 4th – 12:30 PM – 5:00 PM (clinic + observe team practice)

DETAILS:

- Clinics are designed for 3rd – 12th grade, except for Friday, March 15 clinic which is for 7th – 12th grade.
- Clinics will take place in the Freeman Center at Christopher Newport University.
- Make checks payable to **CNU VOLLEYBALL**
- Contact: Cory Taylor, Assistant Volleyball Coach, 757-594-7978, cory.taylor@cnu.edu
- Confirmation email with more clinic details will be sent one week prior to each clinic date.
- Detach application below and mail form & payment to:
Lindsay Birch, Head Volleyball Coach
Christopher Newport University
1 Avenue of the Arts
Newport News, VA 23606

CAPTAINS VOLLEYBALL

2019 SPRING CLINICS

Please **CIRCLE** the clinic(s) you are registering for. Print clearly & neatly. Make checks payable to "CNU VOLLEYBALL"

SUNDAY, FEB. 10
1:00 PM - 3:30 PM
\$45

FRIDAY, MAR. 15
6:00 - 8:30 PM
\$45

SUNDAY, MAR. 23
9:30 AM - 3:00 PM
\$85

TUESDAY, APRIL 2
12:30 PM - 5:00 PM
\$65

THURS., APRIL 4
12:30 PM - 5:00 PM
\$65

CAMPER'S NAME _____ GRADE _____ T-SHIRT SIZE _____

PARENT NAME & PHONE # _____

EMAIL ADDRESS FOR CONFIRMATION EMAIL (print clearly) _____

EMERGENCY CONTACT NAME & PHONE # _____

PREVIOUS VOLLEYBALL EXPERIENCE _____ POSITION (IF KNOWN) _____

LIABILITY RELEASE

I, the parent of _____, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization, if necessary. I understand that every attempt will be made to contact me or the emergency contact above before taking action. I hereby waive and release the camp staff and athletic training staff from any liability for any injury or illness incurred while at camp. I UNDERSTAND THAT THERE IS RISK OF INJURY TO THE NAMED CAMPER AS A RESULT OF CAMP ACTIVITIES AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment. I further understand that Captains Volleyball Camp retains the right to use, for publicity and advertising purposes, photographs of campers taken at camp.

Signed _____ Date _____