



SUMMER CLINICS

3RD TO 5TH GRADERS

**Every Tuesday Starting
July 14th till August 11th 2009**

**Location: Jim Parsley Center
2901 Falk Rd, Vancouver WA 98661
TIME: 6PM – 8PM**

<u>Tuesdays</u>	<u>Skills</u>	<u>Focus</u>
July 14th	Serving/Passing	footwork/platform/quickness/control/consistency
July 21st	Hitting/Setting	Focus on hitting approach/arm swing/ball handling control/consistency
July 28th	Defense/Passing/blocking	Techniques and Fundamental of Team Defense/reading the offence/how to react/body positioning during defense time.
August 4th	Offense/Hitting/setting	Techniques and Fundamental of Team Offense/Offense Strategy/Power hitting and Blocking.
August 11th	All Skills	Revising all skill/focus on individual improvement/Team Drill and Scrimmages

Cost: \$60.00 per Player
Space limit to 24 players.
Volleylite Balls will be used for this age group.

Registration and Payment must be received by July 10th to guarantee your spot.

Registration Form (Minor)

First name: _____

Last name: _____

Student date of birth: _____

Name of Parent/Guardian: _____

Home Address: _____

Home Phone:(_____)_____

Cell Phone: (_____)_____

Email Address: _____

Medical Waiver

I hereby authorize my child's participation in Nafanua Volleyball Clinic. I know of no mental or physical problems which may affect my child's ability to safely participate and the clinic staff is authorized to attend to any health problem or injury my child may incur while attending clinics. I understand that my child must have current and active medical insurance before they can attend clinics. Neither I nor my child will hold Nafanua Volleyball Club or any of the clinic coaches liable for any injuries or expenses relating to injuries while my child is at clinic.

Guardian's/Parent's Signature: _____

Date: _____

Please make check to 'Nafanua VBC'.

Send Registration to:

Nafanua VBC
1007 NW 90th Street
Vancouver WA 98665.

Questions, contact Amanda Muckerheide @ 360-521-5815
Email: Mandy@nafanuavbc.com