



## **SUMMER CLINICS**

**6TH TO 8TH GRADERS**

**Beginners and Intermediates Level**

**Every Thursday Starting July 16<sup>th</sup> till August 13<sup>th</sup>**

**Location: Jim Parsley Center, 2901 Falk Rd, Vancouver WA 98661**

**TIME: 6PM – 8PM**

| <b><u>Thursday</u></b> | <b><u>Skills</u></b>     | <b><u>Focus</u></b>  |
|------------------------|--------------------------|--|
| July 16th              | Serving/Passing          | footwork/platform/quickness/control/consistency<br>Focus on hitting approach/arm swing/ball handling control/consistency |
| July 23rd              | Hitting/Setting          | Techniques and Fundamental of Team Defense/reading the offence/how to react/body positioning during defense time.        |
| July 30th              | Defense/Passing/blocking | Techniques and Fundamental of Team Offense/Offense Strategy/Power hitting and Blocking.                                  |
| August 6th             | Offense/Hitting/setting  | Revising all skill/focus on individual improvement/Team Drill and Scrimmages   |
| August 13th            | All Skills               |  |

**Cost: \$60.00 per Player**

**Space limit to 24 players.**

Registration and Payment must be received by July 10<sup>th</sup> 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 90<sup>th</sup> Street, Vancouver WA 98665.

Questions, contact Amanda Muckerheide @ 360-521-5815

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