

**HILLIARD BRADLEY**

# VOLLEYBALL CLINICS

**JUNIOR JAGS**

**5 week session (January 17, 24, 31 & February 7, 14)**

**4th-5th graders - 6:15-7:15pm**

**6th-8th graders - 7:15-8:15pm**

**FREE T-SHIRT WITH REGISTRATION!**



**4-5th Graders:** This is a fun and instructional program for girls and boys. All basic fundamentals will be taught, including passing, setting, hitting, and serving. We use a lighter ball and lower nets. While our goal is to teach the basic volleyball skills, we'll also work towards developing agility, hand eye coordination, body movement and ball control work. Team play is incorporated as skill development progresses. This clinic is ideal for young beginners.

**6-8th Graders:** For those who want to keep their skills sharp, cannot commit to playing club volleyball or just want additional training. The first portion of each session will cover instruction-based drills then progress to competitive play where athletes will be divided into teams. Competitive game play situations are the norm and rotations are introduced.

## REGISTER YOUR ATHLETE IN TWO SIMPLE STEPS:

- 1) Submit your registration either online (<https://goo.gl/forms/sm7xRqD9bWiHlrA92>) or by completing and mailing the following fields below, and
- 2) Mail \$55.00 check (written out to Teri Goldammer) to the following:

**Teri Goldammer • 933 Barclay Drive • Galloway, Ohio 43119**

Registration Required Information:

Parent/Contact Name: \_\_\_\_\_

Parent/Contact Email: \_\_\_\_\_

Parent/Contact Phone: \_\_\_\_\_

Athlete's Name: \_\_\_\_\_

Athlete's School: \_\_\_\_\_

Athlete's Age/Grade: \_\_\_\_\_ Athlete's T-shirt Size (Adult Sizes): XS, S, M, L, XL \_\_\_\_\_ Athlete's Volleyball Experience: \_\_\_\_\_

There is no deadline for registration, HOWEVER we do have a class maximum (20).

Please do not hesitate to contact **Teri Goldammer (coachgoldammer@gmail.com)** if you are interested!

**WAIVER/RELEASE:** I do hereby acknowledge and understand that my child's participation is purely and entirely voluntary, and that there are certain substantial and inherent risks involved in the sport. I further acknowledge that the clinic shall not in any way be responsible or liable for any injuries, ailments, infirmities, and/or disabilities, which my athlete may encounter or sustain as the result of such participation. I understand the nature of potential risks from injury, and I agree to accept those risks. The clinic director has permission to seek medical attention for my athlete. I understand that every attempt will be made to contact me. I will be financially responsible for any medical attention needed during clinic or resulting from an injury received at clinic. My medical insurance shall be the insurance coverage for any medical treatment. I consent to the reproduction or use of photographs taken of my child while participating in Junior Jags Clinics. Junior Jags will only take photographs and videos in a public setting in which there is a reasonable expectation of privacy. This Waiver of Claims/Assumption of Risk/Release Consent applies to future participation in all programs of Junior Jags Clinics by all signatories and minors on whose behalf it has been signed. AND/OR I have fully read this Agreement and fully understand its content. Please check the box that you agree to the above terms:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



The opinions, products, activities and/or services of this organization are neither sponsored nor endorsed by the school district.