

Youth Clinics

FALL 2009

This will be a great opportunity for Volleyball players in 4th –6th grade to develop their skills. Participants will receive fundamental skills training through fun drills and games.



Return completed form, with payment to:

National Volleyball Center
 Attn: Youth Clinics
 2601 Viola Rd NE
 Rochester, MN 55906

Make checks payable to:

RYVA

www.rochesteryouthvolleyball.org

Questions: (507)328-5201

WHO: Boys & Girls

GRADES: 4-6

DATES: September 20th –October 11th

DAYS: Sundays

TIME: 4:30-6:00pm

LOCATION: National Volleyball Center

COST: \$30

DEADLINE: September 13th

REGISTRATION FORM

FALL YOUTH CLINICS '09

First Name:		Last Name:		Boy	Girl	Birth date:	
Home phone #:	Work phone #:	Cell phone #:		Grade:		E-mail address: (preferably parents)	
				(2009-2010 school year)			
Street address:			City:			State:	ZIP:
Emergency contact: (other than parents)		Relationship to participant:		Home phone #:		Work phone #:	
						Total Enclosed	\$

RELEASE WAIVER

I hereby agree to assume any and all responsibility for injuries sustained by my child (named above) by participating in this volleyball program. I also hereby hold free and harmless the Rochester Youth Volleyball Association, the coaches, City of Rochester, Rochester Park & Recreation department, and its employees from any personal injuries, known or unknown, and injuries to property caused by or arising from participation in the above mentioned volleyball program.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

 Parent/Guardian signature

 Date