

Youth Clinics

FALL 2010

WHO: Boys & Girls

GRADES: 4-6

COST: \$10/session or \$30 for all

DEADLINE: September 10th

Questions: (507)328-5201

www.rochesteryouthvolleyball.org

Dates	Times	Location
* Sat. 9/18	9:30-11am	National Volleyball Center
* Sat. 9/25	9:30-11am	RCTC- Regional Sports Center
Sun 10/3	4:30-6pm	National Volleyball Center
Sun 10/10	4:30-6pm	National Volleyball Center

* September 18th & 25th stay and cheer on the RCTC yellow Jackets as they play a regular season match at

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.

Make checks payable to: RYVA

Return completed form, with payment to:

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

REGISTRATION FORM						FALL YOUTH CLINICS '10
First Name:	Last Name:		Boy	Girl	Birth date:	
Home phone #:	Work phone #:	Cell phone #:	Grade:	E-mail address: (preferably parents)		
		(2010-2011 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