

Club Attack Volleyball

2009 Boys/Girls Clinics

SETTER CLINIC (Grades 7-12) MONDAY, 5/11
 HITTING CLINIC WEDNESDAY, 5/13
 SERVE/SERVE RECEIVE CLINIC MONDAY, 5/18
 DEFENSE CLINIC WEDNESDAY, 5/20

**These clinics are at Oldfield MS for grades 7-12.
NO PHONE CALLS TO THE SCHOOL, PLEASE.
 Directions can be found at www.sectionxi.org.

GENERAL SKILLS 1 (GRADES 3-8) SATURDAY, 5/16
 GENERAL SKILLS 2 (GRADES 3-8) SATURDAY, 5/30
 ADVANCED SKILLS 1 (GRADES 9-12) SATURDAY, 5/16
 ADVANCED SKILLS 2 (GRADES 9-12) SATURDAY, 5/30

**These clinics are at Harborfields High School.
NO PHONE CALLS TO THE SCHOOL, PLEASE.
 Directions can be found at www.sectionxi.org.

INSTRUCTORS

Kevin Harrington, Varsity Coach, John Glenn HS
 Suzanne Legge, Varsity Coach, Harborfields HS
 Toni Williams, Varsity Coach, Bayport-Blue Point HS
 Diana Boucher, Varsity Assistant, Harborfields HS
 Nicole Trenkner, Varsity Assistant, John Glenn HS

Michael Legge, Varsity Coach, Smithtown West HS
 Patrick Legge, Varsity Assistant, Smithtown West HS
 CarolAnn Habeeb-Kiel, Varsity Coach, Massapequa HS
 Lizz Manly, Varsity Assistant, Kings Park HS
 Danielle Turner, Varsity Assistant, Longwood HS

Contact Suzanne at legges@harborfieldscsd.org for more information or visit
www.clubattackvolleyball.com (camp info will be up on April 1).

2009 Boys/Girls Volleyball Camps

July 13-17 Grades 1-6 from 9-12pm

July 20-24 Grades 7-12 from 9-12pm

July 20-24 Advanced Varsity Camp from 1-4pm

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell: _____

Grade: _____ Age: _____ Sex: _____

School District: _____

Parent/Guardian E-Mail: _____

Athlete E-mail: _____

****Please make sure we can make out every part of your e-mail. This is how we will confirm your registration was received.**

Emergency Contact Name: _____

Emergency Contact Phone: _____

RELEASE

I, the undersigned, individually and as a parent and/or guardian of _____, a minor, ask that he/she be admitted to participate in these sports clinics sponsored by Club Attack Volleyball. In consideration of such admission, I do hereby release, discharge, and hold harmless Club Attack Volleyball and the Harborfields Central School District, its officers, agents, employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of injury or accident involving said minor arising out of the minor's attendance at the sport clinics or in the course of competition and/or activities in connection with the clinics.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Circle the clinic(s) you are registering for.

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|------------------------|-----------------|----------|
| SETTER CLINIC (7-12) | MONDAY, 5/11 | 7-9:30pm |
| HITTER CLINIC (7-12) | WEDNESDAY, 5/13 | 7-9:30pm |
| SERVE/SR CLINIC (7-12) | MONDAY, 5/18 | 7-9:30pm |
| DEFENSE CLINIC (7-12) | WEDNESDAY, 5/20 | 7-9:30pm |
| GENERAL SKILLS (3-8) | SATURDAY, 5/16 | 9-12pm |
| GENERAL SKILLS (3-8) | SATURDAY, 5/30 | 9-12pm |
| ADVANCED SKILLS (9-12) | SATURDAY, 5/16 | 1-4pm |
| ADVANCED SKILLS (9-12) | SATURDAY, 5/30 | 1-4pm |

BEFORE MAY 1

AFTER MAY 1

Total Clinics ____ x \$20 = _____ x \$25 = _____

Each clinic is \$20 per player per session if registration is received by May 1, 2009. After May 1, the cost will be \$25 per player per session (walk-ins are accepted if space permits). Current Club Attack players get a \$5 discount (\$15 per session). One registration form per player. If you have more than one participant, please put all registration forms in one envelope and mail with one check. Enclose a check made payable to:

CLUB ATTACK VOLLEYBALL

248 Norwood Avenue
 Port Jeff Station, NY 11776