

# **VOLLEYBALL CLINIC**

**FOR:** 1st, 2nd, 3rd, 4th, 5th, and 6th grade girls

**WHEN:** JANUARY 23, 24 and 26

**TIME:** 3:45-5:00

**WHERE:** WANAMAKER ELEMENTARY SCHOOL

**FEE:** \$25.00



**INSTRUCTORS:** Amanda Vanderbogart- Played volleyball for over 15 years. Played at Emporia State University and currently a coach at Washburn rural High School.

Washburn Rural High School volleyball Team Members

**ABOUT THE CLINIC:** The purpose of the clinic will be to give instructions in passing, setting, spiking, serving and offensive and defensive strategies with an emphasis on sportsmanship and fun!

**REGISTRATION DEADLINE:** FRIDAY, JANUARY 20th

Late registrations will be accepted but may delay the time student will receive T-shirt. Any questions please contact Amanda Vanderbogart- [geretama@usd437.net](mailto:geretama@usd437.net) (WRHS) 339-4257 or (Cell) 806-9016.

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**MAKE CHECKS PAYABLE TO:** Amanda Vanderbogart  
Washburn Rural High School  
5900 SW 61st  
Topeka, KS 66619

**CHILD'S NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**T-SHIRT SIZE CIRCLE:**    YS    YM    YL    AS    AM    AL

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

Hold Harmless/Indemnify

I hereby grant my child, \_\_\_\_\_, permission to participate in the After School Volleyball Clinic. I hereby assume all risk of injury that may result from this participation in junior volleyball activities. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon those parties because of any defect in or lack of such capacity to act and release those parties on behalf of the minor and the parents or legal guardian. As parent/guardian, i release Auburn Washburn Schools, instructors, and all Volleyball Clinic participants from all liability for injury that may result from camp activities. The school is not responsible for any loss or injury that results from participation in camp activities, or observing camp activities.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date