

# VOLLEYBALL CLINIC



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

**WHEN:** January 20, 21, 22 and 23

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

**WHERE:** FARLEY ELEMENTARY SCHOOL

**FEE:** \$25.00

**INSTRUCTORS:** Mary Vaughn – Over 30 years experience High School/Middle School Volleyball Coach and High School/ Middle School Volleyball Official

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 16, 2015

Late registrations will be accepted but may delay the time student will receive T-shirt.

Any questions please contact Mary Vaughn- vaughmar@usd437.net (WRHS)339-4257 or (Cell) 221-0074

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**MAKE CHECKS PAYABLE TO:** Mary Vaughn  
Washburn Rural High School  
5900 SW 61<sup>st</sup>  
Topeka, KS 66619

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

(CHILD SIZES)                      S    M    L  
**T-SHIRT SIZE (ADULT SIZES) CIRCLE**    S    M    L    XL

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

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

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

I am the Parent/Guardian of \_\_\_\_\_ and consent to the participation of my child in the Volleyball Clinic at Farley Elementary School. I understand that participation will involve drills, running games and related activities. I agree that no claim will be brought against any instructor or USD #437 for any injury which may be sustained by said child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date