



# CENTRAL Y

## Youth Volleyball Clinic Series

### July 25 - 28

# PASS ★ SET ★ HIT

# SERVE ★ DEFEND

ALL Skill Levels

9 - 13 years | 9:00a - 11:00a | \$15/\$20 per day | \$55/\$75 series  
 14 - 17 years | 11:30a - 1:30p | \$15/\$20 per day | \$55/\$75 series

**REGISTRATION DEADLINE: Friday, July 21, 2017**

### Community Gym

The Y's Youth Volleyball Clinic is a 4-day series and a great program for beginner thru intermediate skilled-players interested in building new or improving on pre-existing fundamental skills. Participants will focus on one to two different skills each day including passing, setting, spiking, hitting, serving and defensive positioning.

The focus of the clinic is to develop self-confidence and healthy habits while learning proper fundamental skill techniques crucial to succeed during game play.

### VOLLEYBALL CLINIC STAFF

#### MINERAL RIDGE'S COACHING STAFF

Joey DeLisio, Varsity Coach  
 Nicole Luklan, Junior Varsity Coach  
 Mineral Ridge Varsity Players

Our enthusiastic staff will provide a safe and fun environment for all campers while sharing their passion for the game.

#### TUE JUL 25

#### SKILL FOCUS:

#### PASSING

Hand and arm positions with footwork

#### CLINIC DAY 2

#### WED JUL 26

#### SKILL FOCUS:

#### SETTING

Hand and arm positions with footwork

#### CLINIC DAY 3

#### THU JUL 27

#### SKILL FOCUS:

#### HITTING & SPIKING

Approach and arm swing

#### CLINIC DAY 4

#### FRI JUL 28

#### SKILL FOCUS:

#### SERVING & DEFENSIVE POSITIONING

PLEASE COMPLETE and RETURN REGISTRATION FORM & FEE TO THE CENTRAL or DAVIS Y's FRONT DESK by FRI, JUL 21

### 2017 VOLLEYBALL CLINIC SERIES

LAST NAME (Child's)

FIRST NAME (Child's)

Birthdate \_\_/\_\_/\_\_ Age \_\_ School \_\_\_\_\_ Grade \_\_

Skill Level: \_\_Rookie \_\_Beginner \_\_Average \_\_Competitive \_\_Advanced

Shirt Size (Sizes run small): YOUTH: \_\_YM (10-12) \_\_YL (14-16) ADULT: \_\_Sm \_\_Med \_\_Lg \_\_XL \_\_2XL

Parent/Guardian's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Alt Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Medical Notes (Allergies, Restrictions, Medications): \_\_\_\_\_

Amount Paid \$ \_\_\_\_ Date \_\_/\_\_/2017 Cash \_\_ Check # \_\_\_\_ Credit Card \_\_\_\_\_ Initials \_\_\_\_

Fin Aid \$ \_\_\_\_ 01-0208-1603 Date Due \_\_/\_\_/2017 Dir \_\_\_\_ Receipt # \_\_\_\_\_ 01-0208-1321

Please mark all that apply:

- CLINIC DAY 1  
TUE JUL 25
- CLINIC DAY 2  
WED JUL 26
- CLINIC DAY 3  
THU JUL 27
- CLINIC DAY 4  
FRI JUL 28
- CLINIC SERIES  
ALL 4 Days