



# CENTRAL Y

## Youth Volleyball Clinic Series

### July 24 - 27

# PASS ★ SET ★ HIT

# SERVE ★ DEFEND

### ALL Skill Levels

9 - 13 years | 10:00a - 12:00p | \$16/\$21 per day | \$59/\$79 series  
 14 - 17 years | 10:30a - 12:30p | \$16/\$21 per day | \$59/\$79 series

**REGISTRATION DEADLINE: Saturday, July 21, 2018**

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. **Team building and game-like situations will be the clinic focus.**

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

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MINERAL RIDGE's COACHING STAFF

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.

<b>CLINIC DAY 1</b> <b>TUE JUL 24</b> <b>SKILL FOCUS:</b> <b>PASSING</b> Hand and arm positions with footwork	<b>CLINIC DAY 2</b> <b>WED JUL 25</b> <b>SKILL FOCUS:</b> <b>SETTING</b> Hand and arm positions with footwork	<b>CLINIC DAY 3</b> <b>THU JUL 26</b> <b>SKILL FOCUS:</b> <b>HITTING &amp; SPIKING</b> Approach and arm swing	<b>CLINIC DAY 4</b> <b>FRI JUL 27</b> <b>SKILL FOCUS:</b> <b>SERVING &amp; DEFENSE</b> Arm swing and defensive positioning
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PLEASE COMPLETE and RETURN REGISTRATION FORM & FEE TO THE CENTRAL or DAVIS Y's FRONT DESK by SAT, JUL 21

### 2018 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): \_\_\_\_\_

Please mark all that apply:

**CLINIC DAY 1**  
TUE JUL 24

**CLINIC DAY 2**  
WED JUL 25

**CLINIC DAY 3**  
THU JUL 26

**CLINIC DAY 4**  
FRI JUL 27

**CLINIC SERIES**  
ALL 4 Days

Amount Paid \$ \_\_\_\_\_ Date \_\_\_/\_\_\_/2018 Cash \_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_\_\_ Initials \_\_\_\_\_

Fin Aid \$ \_\_\_\_\_ 01-0208-1603 Date Due \_\_\_/\_\_\_/2018 Dir \_\_\_\_\_ Receipt # \_\_\_\_\_ 01-0208-1321