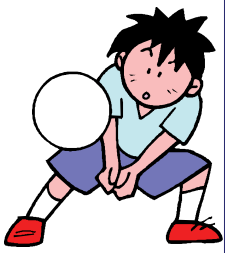
Clinic Information

The University of Rochester Youth Volleyball Spring Clinics are designed for boys and girls ages 8-14 who are new to the sport of volleyball. The clinics will focus on teaching the game of volleyball, the associated skills and having fun! There will also be a competition opportunities during the clinic sessions. All clinics will be held at the Zornow courts at the Goergen Athletic Center at the University of Rochester

Registration Information

Registration is $75.00 per child for all four sessions, and $125.00 family registration for 2 or more siblings attending. You can sign up on a session-by-session basis at $20.00 per session, but it is recommended to attend all four sessions to gain the full benefit of instruction. Walk ups are welcome, but pre- registration is preferred! Please call 585-275-9461 for inquiries.

Dates and Times:



Sunday, January 23, 2011
Sunday, February 20, 2011
Sunday, March 20, 2011
Saturday, April 10, 2011

BOYS AND GIRLS
Younger Division (Ages 8-11)
Older Division (Ages 12-14)
All Divisions 1:00 PM-3:00 PM

Staff

Our staff is comprised of the collegiate volleyball staff at the University of Rochester and its varsity student-athletes.

Facilities

For directions to the Zornow Courts located in the Goergen Athletic Center, please visit **www.rochester.edu/athletics** and click on the "Visitor Information" link.

GO YELLOWJACKETS!!!

University of Rochester YOUTH VOLLEYBALL SPRING CLINICS

January 23, 2011
February 20, 2011
March 20, 2011
April 10, 2011

Boys and Girls
Ages 8-14

1:00PM—3:00 PM
Younger Division
(Ages 8-11)
Older Division
(Ages 12-14)

Learn:
- Rules of Volleyball
- Volleyball Skills (Pass, set, attack!)
- Game situations
& Have fun!

Questions? Please contact:
Ladi Iya, Head Volleyball Coach
Phone: 585-275-9461
Fax: 585-461-5081
E-mail: liya@sports.rochester.edu

YOUTH CLINIC REGISTRATION

Name

Address

Email Address

Phone

Emergency Phone

Grade Age Gender

Division (Younger/Older)

	Price
☐ All Four Sessions (Individual)	$75.00
☐ All Four Sessions (Family)	$125.00
☐ January 23	$20.00
☐ February 20	$20.00
☐ March 20	$20.00
☐ April 10	$20.00

Total: _____

Method of Payment

☐ Check: Payable to University of Rochester
☐ Visa ☐ MasterCard ☐ Cash

Credit Card # Exp. date

Signature

Parent or Guardian Consent

In consideration for allowing my child to participate in the University of Rochester Youth Volleyball Clinic, I , as his/her parent/guardian, represent and affirm to the University of Rochester that::

- I understand that participating in athletics and other camp activities involves a risk of injury or other harm.
- All such risks are being assumed knowingly and voluntarily, including but not limited to those associated with travel to and from clinic activities
- I will not hold the University, its employees and agents responsible for any injury or other harm that results from participation in the clinics, unless the injury or harm is caused intentionally or by gross negligence.
- My child is in good health and has no physical condition that would prevent him/her from participating in this clinic.

Parent/Guardian Name

Signature

Date

Mail to:
University of Rochester
Women's Volleyball
Goergen Athletic Center
Rochester, NY 14627

Phone: 585-275-9461
Mobile: 716-289-6734
Fax: 585-461-5081
E-mail: liya@sports.rochester.edu