

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 \$65.00 per child for all four sessions, and \$100.00 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. Registrations are due by **February 20th, 2009**. Due to limited gym time and space, applicants are accepted on a first come, first served basis. Please call 585-275-9461 to inquire about spaces after the registration date (February 20th, 2009). If spaces remain available, walk-up registration is permitted with a late registration price of \$25.00 per session.

Dates and Times

Sunday February 22, 2009
Sunday, March 15, 2009
Sunday, March 29, 2009
Saturday, April 11, 2009
Younger Division (Ages 8-11) 12:00 pm - 2:00 pm
Older Division (Ages 12-14) 2:15 pm - 4:15 pm



Staff

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

Facilities

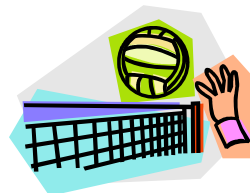
For directions to the Zornow Courts located in the Goergen Athletic Center, please visit www.rochester.edu/athletics and click on the "Visitor Information" link.

GO YELLOWJACKETS!!!



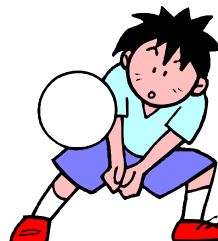
University of Rochester YOUTH VOLLEYBALL SPRING CLINICS

February 22, 2009
March 15, 2009
March 29, 2009
April 11, 2009



**Boys and Girls
(Ages 8-14)**

**Younger Division
(Ages 8-11) 12:00pm-2:00pm**
**Older Division
(Ages 12-14) 2:15pm - 4:15 pm**



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 _____

Phone _____
Emergency Phone _____
Grade _____ Age _____ Gender _____

Division (Younger/Older)	Price
<input type="checkbox"/> All Four Sessions (Individual)	\$65.00
<input type="checkbox"/> All Four Sessions (Family)	\$100.00
<input type="checkbox"/> February 22	\$20.00
<input type="checkbox"/> March 15	\$20.00
<input type="checkbox"/> March 29	\$20.00
<input type="checkbox"/> April 11	\$20.00

Method of Payment Total: _____
 Check: Payable to University of Rochester
 Visa MasterCard American Express
 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