

Southland Area Volleyball Camp



 July 18-20th High School Grades 9-12

Session 1 9am - 12pm

Session 2 1pm - 3pm

July 18-20th Jr High Grades 7 & 8

3:30pm - 5:30 pm

We will help you prepare for a successful high school season!

Location: Southland High School Gym

Clinic Features:

- *Quality instruction of the fundamentals of volleyball in a fun and positive environment
- * Many opportunities for one-on-one and small group training. Current high school and college players will assist in training.
- * Exciting games/drills that will emphasize teamwork and excite players about volleyball and competition

Clinic Director:

Mitch Lunning Founder/Club Director
Master Coach (15u-18u) Kairos Elite Volleyball Club

Cost: High School (9-12) \$120, Jr High (7-8) \$48

Make checks payable to "Southland Volleyball"

Players will need to wear shorts or spandex, t-shirt (no tank tops please), and athletic shoes.

Any questions, please contact Coach Lisa Hovde at lmhovde99@icloud.com
or 507-951-9372 (text or leave message)

Please pre-register by mailing or delivering the completed form to Lisa Hovde Southland Volleyball Coach
203 2nd St Adams, MN 55909. Registration is due May 25, 2018

SOUTHLAND AREA VOLLEYBALL CLINICS Registration

Name _____

Grade _____ T-SHIRT (ADULT) S M L XL

Address _____

Phone _____

*School attending next Year _____

How did you find out about this clinic? _____

Parent signature _____

e-mail: _____

Circle session(s) below:

JULY 18-20

1. High school session: Grades 9-12

2. Jr High Session: Grades 7-8

Medical Release

I _____ understand that there are risks associated with strenuous physical exertion and with this event. I hereby assume all risks associated with this event and I hereby waive, release, and discharge any and all claims for damages, personal injury of any kind which may hereafter occur to me or to any person as a result of my participation in this event. This waiver and release shall be binding on my heirs and assigns, and shall run in favor of coach Mitch, Southland Volleyball players/coaches, Kairos Volleyball Clinics, or anyone else connected with this event.

Print Name: _____

Player Signature: _____

Parent Signature: _____

Date: _____

Please sign below if you give us permission to take photos and post them on the web.
