



## Cincinnati Trailblazers Home School Girls Spring Volleyball Clinic 2018

Join the “Blazers” for our *spring volleyball clinic* with the Trailblazer coaches! Bringing various playing and coaching experience, we aspire to encourage YOU to love playing volleyball, too! Our clinic designed to teach beginners the basics of the sport, as well as reinforce and refresh the skills of players with more experience in a no stress, fun environment. There will be drills, skills and games. The Trailblazers are excited to invite home schooled girls currently in 3<sup>rd</sup> through 12<sup>th</sup> grades! No experience necessary. Bring a friend, too! Do not delay and SIGN UP TODAY!!!

### Registration Procedure

1. Email *Kristin Leggett* (KKL8662@cinci.rr.com) with your player’s intent to attend including name and age/grade and player level (i.e. Beginner/Elementary, including 3<sup>rd</sup>-6<sup>th</sup> graders and anyone new to the sport OR intermediate/varsity player (junior high and older) **Please sign up for their current grade! Just ask if you have questions about which session to attend.**
2. Forms must be completed and brought in on the first day of the clinic along with check made payable to “Trailblazer Booster Club”

**Clinic Location:** Sport Plus, 10765 Reading Rd, Evendale 45140

**Schedule:** April 9,16, 23, 30 & May 7, 14  
Session 1 (3<sup>rd</sup>-6<sup>th</sup> and any beginners) 3-4:15pm,  
Session 2 (7-12<sup>th</sup> and intermediate, experienced) 4:30-6pm

**Cost:** \$70/3<sup>rd</sup> -6<sup>th</sup> session 1  
\$80/7<sup>th</sup>-12<sup>th</sup> session 2  
**Tee shirts included**

Student’s Name: \_\_\_\_\_ Age \_\_\_\_\_  
DOB \_\_\_\_\_ Tee Shirt Size (circle one) YS YM YL S M L XL

Student’s Name: \_\_\_\_\_ Age \_\_\_\_\_  
DOB \_\_\_\_\_ Tee Shirt Size (circle one) YS YM YL S M L XL

Father’s Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Mother’s Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email \_\_\_\_\_

## EMERGENCY INFORMATION

Student's Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Notify In Case of Emergency: \_\_\_\_\_

Phone: \_\_\_\_\_

Do you carry insurance for your child(ren)? If yes, who is the insurance provider?

\_\_\_\_\_

Is your child(ren) currently taking any medications necessary for us to be aware: \_\_\_\_\_ If yes, then please list medication and reason: \_\_\_\_\_

If you are planning on leaving while your child is attending clinic/games/practices, please leave a number where you can be reached. \_\_\_\_\_

## PARTICIPATION WAIVER

Due to the physical demands of this sports program, I, \_\_\_\_\_, the parent of

\_\_\_\_\_ understand that there is a risk of personal injury to my child by participating in this program and accept complete responsibility for my child's health and well being in this program. I also understand that no responsibility is assumed by the coaches or staff or facility where being held and will not hold them liable in the event of a personal injury.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Please e-mail your RSVP and any questions to Kristin Leggett with your player's name and age at [KKL8662@cinci.rr.com](mailto:KKL8662@cinci.rr.com).

Bring the forms with cash or check to the first day of the clinic. Also, bring a water bottle!

Checks should be made out to: **“Trailblazer Booster Club”**