

2009 KROSS KOURT VOLLEYBALL SUMMER CLINICS

- Two One-Week sessions: Cost - **\$150.00 per week (\$50 deposit required)**. For girls & boys, ages 11-18; Beginners and Advanced Players Welcome
 - Monday, August 3 – Thursday 6, 2009 9:00 am – 12:30 pm
 - Monday, August 10 – Thursday 13, 2009 9:00 am – 12:30 pm
- Wednesday Night Clinics: Cost - **\$160 (\$50 deposit required)**. For girls ages 11-18; Advanced, Intermediate & Beginners Courts
 - July 8, 15, 22 & 29, & August 5, 12 6:30 pm – 9:00 pm

Please Note: Beginning courts for the Week Sessions will emphasize athletic development and improvement of individual volleyball skills and technique in a fun but competitive atmosphere.

Advanced courts (prospective collegiate and high school varsity level) and intermediate courts (prospective high school varsity and junior varsity level) for both the week sessions and Wednesday night sessions will be run at an intense level for experienced volleyball players interested in developing to their fullest potential. Players will be challenged and prepared for their upcoming high school season. Placement on advanced or intermediate courts will be determined by age, experience, athletic ability and coaching staff recommendations.

All courts will include conditioning segments.

- Staff: UMass Lowell coaches & players, Local area high school coaches
- Certified Athletic Trainer
- **@ UMass Lowell Costello Athletic Center (North Campus)**

2009 KROSS KOURT VOLLEYBALL CLINICS REGISTRATION FORM

Name _____ Address _____

Town _____ State _____ Zip _____ Phone _____

Email _____ Select (circle, please): Aug 3-6, 2009 Aug 10-13, 2009 Wed. Nights

DOB _____ Age _____ Height _____ Grade (fall of '09) _____ School _____

Volleyball Club (i.e., MVJ, Pumas) _____ Position (circle, please): OH MH S DS/L Beginner

Insurance information: All participants must provide *proof of insurance*. Participants will not be permitted to play unless the following insurance information is submitted along with the required parental signatures.

Parent(s) Name(s) _____ Emergency Phone _____

Insurance Co. _____ Policy # & Group # _____

Precautions/Health conditions _____

I, the undersigned, waive and release Kross Kourt Volleyball Clinics, Director, staff and assignees of and from all rights and claims for damages, injuries, or loss of personal property which may be sustained or occur during participation in clinic activities or while at the clinics. In case of medical emergency, I authorize Kross Kourt Volleyball Staff to arrange the necessary medical treatment for my child.

Parental Signature _____ Date _____

Please make checks payable to: *KROSS KOURT VOLLEYBALL CLINICS*

Mail registration to: Karen McNulty, Director
UMass Lowell Volleyball
One University Ave.
Lowell, MA 01854

