

# 2010 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 9 – Thursday 12, 2010 9:00 am – 12:30 pm
- Wednesday Night Clinics - \$160 (\$50 deposit required). For girls ages 11-18; Advanced, Intermediate & Beginners Courts
  - July 7, 14, 21 & 28, & August 4, 11 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)**

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## 2010 KROSS KOURT VOLLEYBALL CLINICS REGISTRATION FORM

Name \_\_\_\_\_ Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Select (circle, please): Aug 9-12, 2010 Wed. Nights

DOB \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Grade (fall of '10) \_\_\_\_\_ 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