**KC Power Volleyball Clinic**

**SPRING BREAK March 13-14 2017**

**Location:** Bishop Miege High School 5041 Reinhardt Drive, Fairway, KS 66205

**Time**: **Level 1** 9:00-11:30pm **Level 2** 12:30-3:00pm

**Cost:** $70 **When:** March 13-14 Mon & Tues

**About the Clinic:** Challenging drills, technical skill work, game situation and small group instruction will be emphasized throughout the KC Power VB Clinic. The girls will find themselves having a great time learning the game and skills necessary to become a better volleyball player. Outstanding and experienced KC Power Volleyball Club Coaches will be instructing the clinic.

**To Enroll:** Fill out the registration form below and email to [gpike22@yahoo.com](mailto:gpike22@yahoo.com).....Please mail check to Gwenn Pike 6255 Arapahoe, Shawnee, KS 66226. Questions directed to Gwenn Pike at 913-422-0581.

**\_\_\_\_\_\_\_ Level 1 -** Ages 9-12 9:00-11:30 Grade 3-6

**\_\_\_\_\_\_\_ Level 2** - Ages 12-14 12:30-3:00 Grades 6-8 (6th grade club GOLD experience only)

Participants Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_ Birthday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Team \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if known)

Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_

**Parent or Legal Guardian Statement**

**(Must be signed)**

I hereby grant permission for my child to attend the KC Power Spring Break Volleyball Clinic. I hereby release KC Power and its’ staff from any and all claims on account of injury which may be sustained by my child/ward while attending the KC Power VB Clinic.

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any health concerns we need to be aware of: