

Volleyball In Progress

2019 Winter Clinic

What: This is a 7-week 3rd - 6th grade winter volleyball clinic directed by Julie Price, head volleyball coach at Coppell High School. The first hour every night will focus on skill development, and the last hour will be dedicated to game situations, controlled scrimmages, and competitions! The goal is to create a fun and challenging environment for your child to learn and improve his/her volleyball skills without a massive time commitment. We keep a 1:10 coach-to-player ratio with an awesome team of CISD volleyball coaches and former CHS volleyball players working with Coach Price at each session.

Dates: Session I – Jan 21, 28, Feb 4, 11, 18, 25, and Mar 4 (Mondays)
OR
Session II – Jan 23, 30, Feb 6, 13, 20, 27, and Mar 6 (Wednesdays)

Where: Coppell High School (185 W Parkway)

Time: 5:30 PM – 7:30 PM

Cost and Deadline: \$185.00 postmarked by January 14. (Add \$10 if postmarked after January 14)
Every player will receive a T-shirt as part of the registration fee.



Mail registration form and fee with checks made payable to Volleyball In Progress to:

Volleyball In Progress
PO Box 2674
Coppell, Texas 75019

For Online Registration/Payment:



Scan QR code or go to the website below:

www.volleyballinprogress.com

Coach Contact Information:

Julie Price
vbinprogress@gmail.com
817-913-5296

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Shirt Size: (circle one) Youth: S M L XL Adult: S M L XL

Player's Name: _____

Session I: _____ Session II: _____ Sessions I and II: _____

Grade: _____ What school do you currently attend? _____

Parent's Name: _____

Parent's E-mail: _____

Parent Cell Number: _____

AGAIN THIS YEAR

Choose the night of the week that works best for you! Sign your child up for Session I (Monday nights) OR Session II (Wednesday nights). If you would like for your son/daughter to attend both sessions each week, there is a \$30 discount (so price is \$340 for both).

As a parent/guardian of _____ I release, waive, discharge Volleyball In Progress, its employees, staff, and administration from any and all liability claims resulting from loss, injuries, illness, and other damage including death which may be sustained by my child during the duration of the Volleyball In Progress Winter Clinic. To the best of my knowledge my child is in good physical condition and I am not aware of any physical infirmity which would place my child at risk while participating in the league. During the period of the clinic, I hereby give permission to the staff of VIP to administer proper medical assistance to my child in the event of accident, illness or injury. I understand that I will be responsible for any and all costs of the medical treatment and coverage provided not covered by insurance.

I HAVE READ THE WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS.

Parent Signature _____ Date _____