



Coppell Cowgirl Volleyball Spring Clinic 2020



What: Sign your daughter up for our 6-week spring volleyball clinic held right here in Coppell! The first hour every night will focus on fundamental training and skill development, and the last hour will be dedicated to game situations, controlled scrimmages, and competitions!

Directing this spring clinic will be Julie Price, who has been the head volleyball coach of the Cowgirls since 2011. Coach Price led the Coppell Cowgirls to back-to-back 5A State Championships in 2011 and 2012. The Coppell Cowgirls finished the 2012 season as the #1 ranked high school volleyball team in the nation. Before coming to Coppell, Coach Price led the Lake Travis Cavaliers to the 4A State Championship in 2010. She is the only coach in Texas history to have won State Championships in volleyball in consecutive years at two different schools. Assisting with the camp will be volleyball coaches from Coppell High School, Coppell Middle Schools, and Coppell Cowgirls from the previous seasons.

Who: 1st - 6th Graders

Dates: Session I – March 16, 23, 30, April 6, 13, and 20 (Mondays)
OR
Session II – March 18, 25, April 1, 8, 15, and 22 (Wednesdays)

Where: Coppell Middle School North (120 Natches Trace)

Time: 6:00 PM – 8:00 PM

Cost: \$160.00 postmarked by March 13 (\$10 late fee if received after March 13).
Every player will receive a T-shirt w/registration fee.

Payment Options:

Mail registration and fee with check
made payable to **Julie Price** to:

Julie Price
225 Tanbark Circle
Coppell, Texas 75019
OR

Register and pay online @
www.coppellcowgirlvolleyball.com

Coach Contact Info:

Julie Price
Head Volleyball Coach
Coppell High School
jrprice@coppellisd.com
214-496-6205 (office)
817-913-5296 (cell)

Again This Year:

Choose the night of the week that works best for you! Sign your child up for Session I (Mon nights) OR Session II (Wed nights). If your child attends both sessions each week, there is a \$30 discount (so price is \$290 for both).

Session I: ____ Session II: ____ Sessions I and II: ____ Shirt Size: Youth: S M L XL Adult: S M L XL

Player's Name: _____ Grade: _____ School: _____

Parent's Name: _____ Parent's E-mail: _____

As a parent/guardian of _____ I release, waive, discharge Coppell ISD, 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 CCVB Spring 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 CCVB staff 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 _____