



# Coppell Cowgirl Volleyball Winter Clinic 2021



**What:** Sign your daughter up for our 8-week winter volleyball clinic held right here in Coppell! Each two-hour session will include fundamental training, skill development, controlled scrimmages, and competitions!

Directing this winter clinic will be Julie Price, the head volleyball coach of the Coppell Cowgirls since 2011. Coach Price led the Coppell Cowgirls to back-to-back 5A State Championships in 2011 and 2012 after leading the Lake Travis Cavaliers to a 4A State Championship in 2010. Since her arrival in Coppell, the Cowgirl volleyball program has earned a 344-99 overall record and a playoff run each season. Coach Price is passionate about growing a love for this sport among our future Cowgirls and giving them an opportunity to play at an early age. Assisting with the clinic will be volleyball coaches from Coppell High School, Coppell Middle Schools, and former Coppell Cowgirls.

**Who:** 1st - 6th Graders

**Dates:** Session I – January 18, 25, February 1, 8, 15, 22, March 1, & 8 (Mondays)  
OR  
Session II – January 20, 27, February 3, 10, 17, 24, March 3, & 10 (Wednesdays)

**Where:** Coppell High School (185 W Parkway)

**Time:** 5:30 PM – 7:30 PM

**Cost:** \$200.00 postmarked by January 16th (\$10 late fee if received after January 16th).  
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](http://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 \$370 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 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 clinic. 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 \_\_\_\_\_