

# Cowboy Clinics!

## Livermore VOLLEYBALL

Girls Volleyball Tune Up CLINIC

For 6<sup>th</sup> → 8<sup>th</sup> grade Girls

**Sunday February 23<sup>rd</sup>**

**11:00 am- 1:00 PM**

**LIVERMORE HIGH SCHOOL**

Join Coach Jose Rodriguez and his staff, including members of the Boys' and Girls' Volleyball Team, for clinics designed to help you get ready for Jr High tryouts! Clinics are open to girls who are in 6<sup>th</sup> through 8<sup>th</sup> grades. All skill levels are welcomed! There will be two courts split by ability! Bring court shoes, water, a great attitude and have some fun!

**Cost is \$25**

10:45 to 11am: Check in

11am: warm ups

11:15 to 11:45 passing

11:45 to 12:15 hitting

12:15 to 12:35 Serving

12:35 to 1 Play (Queens, 6v6)



Make checks payable to BVB Boosters  
All proceeds go to the LIVERMORE VOLLEYBALL PROGRAM

# Cowboy Clinics!

Registration will be done in the Large Gym, the day of the clinic.  
To reserve a spot for this clinic, please contact Jose Rodriguez at  
[lhscowboysvb@gmail.com](mailto:lhscowboysvb@gmail.com) and we will confirm your reservation.

Don't miss this instructional clinic! We encourage all kids interested in  
volleyball to join us!

This completed and signed form **MUST** accompany each participant to the first day of camp.

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address (include city, state and zip code) \_\_\_\_\_  
\_\_\_\_\_

Male \_\_\_ Female \_\_\_ Age \_\_\_ Grade \_\_\_ Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Camp dates \_\_\_\_\_

EMERGENCY PHONE \_\_\_\_\_ Name of EMERGENCY contact \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Insurance Carrier/number \_\_\_\_\_

Medical conditions (allergies, etc.) \_\_\_\_\_

**WAIVER:** In consideration of my entry and of my own free will, I, the undersigned, intending to be legally bound, do hereby, for myself, my heirs, executors, and administrators, waive and release any and all legal rights and claims or damages I may accrue against the Livermore Valley Joint Unified School District, or persons, volunteers, sponsors or organizations associated with this event for any and all injuries or death that may be suffered by me or in route to or from the event or because of any dissatisfaction with any aspect of the event. I understand that participating in this event is potentially hazardous, and furthermore attest that I recognize that I must be in good health and of sufficient training in order to participate, and state furthermore, that my ability to participate in and successfully compete in the event has been attested by a qualified physician. I hereby grant permission to the Livermore High School Volleyball Team to use photos that may include myself for promotion and publicity. As part of my waiver, I acknowledge that I have read, understood, and agree to the information contained in this waiver.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE if participant is under age 18:  
\_\_\_\_\_