

Cowboy Clinics!

Livermore VOLLEYBALL

ELEMENTARY & MIDDLE SCHOOL
SUMMER VOLLEYBALL CLINIC SERIES

Monday July 29th through Thursday August 1st
10:00 am- 12:00 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 practice and develop your volleyball skills. Clinics are open to girls and boys ages 7-14. All participants will be grouped by age and ability. If outside the specified age group, please inquire and we can work something out! Bring court shoes, water, and a desire to improve and have some fun!



\$25 for 1 session (passing/hitting)
\$50 for 2 sessions (hitting/serving)
\$75 for 3 sessions (serving/setting)
\$90 for all 4 sessions (Blocking/games!)



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

Registration will be done in the Large Gym, the day of the clinic.

To reserve a spot for this clinic, please contact
Sofia or Jose Rodriguez at lhscowboysvb@gmail.com
and we will confirm your reservation.

Cowboy Clinics!

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:
