

The following must be signed for each individual before participation:

I, as a parent or guardian of _____, hereby grant permission for her to participate in volleyball activities with Coach Cade Smith and his staff and acknowledge that she is physically able to participate in volleyball activities. We hereby release Coach Cade Smith and other participating staff who participates in UAH camps, the University of Alabama in Huntsville, its Board of Trustees, Administration and employees, from all claims of injury or illness which may be sustained by the above named individual and authorize the directors of the camps to seek medical treatment for her in a situation in which the camp staff perceive as an emergency.

Signature of Parent/Guardian:

_____ Date _____

Make Checks payable to: **D2K Volleyball LLC**

Mail to:

Cade Smith-Head Volleyball Coach

205 Spragins Hall

Huntsville, AL 35899

cade.smith@uah.edu,

256-824-2274

www.uahchargers.com



@UAHVolleyball



2018 Spring

Position Clinics

When? Apr. 28, May 5, 19

Where? The University of

Alabama in Huntsville

(Spragins Hall)



Position Clinic: Grades 6-12



Schedule

- Session 1: 9:00 am-10:30 am: Setting
- Session 2: 10:30am –Noon: Defense
- Session 3: 1 pm – 2:30 pm: Hitting

Cost: \$25 for 1 session, \$45 for 2 sessions, \$60 for all 3 sessions

*Note: Campers attending before and after lunch may bring a sack lunch, be picked up to go to lunch by a parent, or money can be left with the coaches who will bring lunch to the gym.



Mail in this form or register online at:

www.uahvolleyballcamps.com

Camper Info:

Name _____ Grade _____

Address: _____

Parent Email: _____

Emergency Contact name: _____ Emergency Contact phone: _____

Sessions Attending:

April 28th

_____ Position Clinic Session 1-Setting

_____ Position Clinic Session 2-Defense

_____ Position Clinic Session 3-Hitting

Cost: \$25 for 1 skill session, \$45 for 2 skill sessions, \$60 for all 3 skill sessions

May 5th

_____ Position Clinic Session 1-Setting

_____ Position Clinic Session 2-Defense

_____ Position Clinic Session 3-Hitting

Cost: \$25 for 1 skill session, \$45 for 2 skill sessions, \$60 for all 3 skill sessions

May 19th

_____ Position Clinic Session 1-Setting

_____ Position Clinic Session 2-Defense

_____ Position Clinic Session 3-Hitting

Cost: \$25 for 1 skill session, \$45 for 2 skill sessions, \$60 for all 3 skill sessions

Total Cost \$ _____