

**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](mailto:cade.smith@uah.edu),

256-824-2274

[www.uahchargers.com](http://www.uahchargers.com)



@UAHVolleyball



**2018 Summer**

**Position Clinics**

**When? July 7,14,21,28**

**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](http://www.uahvolleyballcamps.com)

### **Camper Info:**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Emergency Contact name:   Emergency Contact phone:

\_\_\_\_\_

### Sessions Attending:

July 7<sup>th</sup>

\_\_\_\_\_ 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**

July 14<sup>th</sup>

\_\_\_\_\_ 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**

July 21<sup>st</sup>

\_\_\_\_\_ 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**

July 28<sup>th</sup>

\_\_\_\_\_ 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 \$ \_\_\_\_\_**