The following must be signed for each individual before participation: I, as a parent or guardian of ______, herby 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 <u>cade.smith@uah.edu</u>, 256-824-2274 www.uahchargers.com @UAHVolleyball



2019 Summer

Position Clinics

When? June 22,29

July 6,13,20

Where? The University of

Alabama in Huntsville

(Spragins Hall)



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: \$30 for 1 session, \$55 for 2 sessions, \$70 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 (pizza) to the gym for \$5.



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:

June 22nd

- Position Clinic Session 1-Setting
- Position Clinic Session 2-Defense

_____Position Clinic Session 3-Hitting

_____ Total

June 29th

_____Position Clinic Session 1-Setting

- _____Position Clinic Session 2-Defense
- _____Position Clinic Session 3-Hitting

_____ Total

July 6th

Position Clinic Session 1-Setting Position Clinic Session 2-Defense Position Clinic Session 3-Hitting

_____Position Clinic Session 3-Hi

_____ Total

July 13th

- _____Position Clinic Session 1-Setting
- _____Position Clinic Session 2-Defense

Position Clinic Session 3-Hitting

_____ Total

July 20th

- _____Position Clinic Session 1-Setting
- _____Position Clinic Session 2-Defense

_____Position Clinic Session 3-Hitting

_____ Total

Total Cost \$ _____