

# PHOENIX COLLEGE VOLLEYBALL CLINIC 2005

**WHAT:** One day clinic including basic techniques in passing, serving, hitting, blocking and defensive skills. (extended repetitions in these areas)

**WHERE** Saturday August 6th  
**&** 10:00am-3:00pm  
**WHEN:** Phx.Collg.North Gym

**PLEASE BRING OWN LUNCH---WE WILL BREAK  
AROUND 12:30 FOR LUNCH**

**WHO:** OPEN to any school athletes trying out for their school teams

**GIVEN**  
**BY:** The Phoenix College Volleyball Team & Coaching Staff

**PURPOSE:** to prepare prospective athletes for their upcoming school team tryouts- tryout like drills will be used for the clinics

**COST:** \$35.00 for all day---includes t-shirt and serving contest prizes  
CASH ALSO ACCEPTED DAY OF CLINIC W/ PARENT RELEASE SIGNATURE

""The Maricopa Community College District is an EEO/AA institution""

**SIGN UP EARLY SPACE WILL BE LIMITED TO 40 PARTICIPANTS**

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please **detach** and return this portion with check made out to: **PHOENIX COLLEGE VOLLEYBALL BOOSTERS/PAT MOONEY**

(CIRCLE ONE)>> T-SHIRT(ADULT) SIZE S M L XL XXL

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

SCHOOL \_\_\_\_\_ HEIGHT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ POSITION/S \_\_\_\_\_

**PARENT/RESPONSIBLE PARTY PHONE # DAY OF EVENT**

I HEREBY AUTHORIZE THE CAMP/CLINIC STAFF TO ACT FOR ME IN ANY EMERGENCY REQUIRING IMMEDIATE MEDICAL ATTENTION. I REALIZE & UNDERSTAND THAT MY CHILD MAY BE AT RISK OF INJURY WHILE PARTICIPATING IN PHYSICAL ACTIVITY. I WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY INCUR AGAINST PHOENIX COLLEGE, IT'S STAFF & IT'S SPONSORS.

**PARENT OR GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

CASH ALSO ACCEPTED DAY OF CLINIC W/ PARENT RELEASE SIGNATURE

**PLEASE MAIL TO: PHOENIX COLLEGE VOLLEYBALL- PAT MOONEY**  
1202 W. THOMAS RD. PHOENIX,AZ 85013

**questions---email**  
**pat.mooney@pcmail.maricopa.edu**