 **VIKINGS 4th -5th Grade**

**Spring Volleyball Clinic**



Image result for volleyball clipartImage result for volleyball clipart**6 sessions of fundamental volleyball instruction by Hoover coaches and players**

**WHEN: Wednesdays in March and April** (March 18, April 1, 8, 15, 22, and 29)

**TIME: 4:30-6:00**

**WHO: Current 4th and 5th grade students**

Image result for volleyball clipartCampers should come prepared with gym shoes, shorts, t-shirt, and water bottle.

**WHERE: Middle School Gym**

Image result for volleyball clipart**COST: $45 ($25 for each additional family member) cash or check**

**Please make checks payable to:** Hoover High School

Image result for volleyball clipart **Send check and form to:** Hoover High School Athletic Department Att: Kim Solosky (Volleyball)

Image result for volleyball clipart 575 7th Street NE, North Canton, OH 44710

**WE WILL accept sign up and payment on the first day of camp! (Camp shirt is only guaranteed if signed up no later than March 1, 2020)**

**Contact Kim Solosky with any questions: kimberly.solosky@northcantonschools.org**

Cut here and return to the address above

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**Student’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SHIRT SIZE: YS YM YL AS AM AL AXL other\_\_\_\_\_\_\_\_**

WAIVER AND RELEASE: \*I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree that the above named camper is healthy and may participate in the Vikings 4th-5th Grade Spring Volleyball Clinic. Further, she has health insurance coverage and / or the ability to pay for medical care. As her legal guardian, I agree to hold North Canton City Schools, the coaching staff & instructors, the training staff, any volunteers and players, Hoover Volleyball, and all other parties to this camp harmless for injuries or medical care associated with her participation.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact / Phone (if different):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_