



# KAUKAUNA GIRLS VOLLEYBALL



## Kaukauna Youth Volleyball Skills Clinics

All current 5th - 8th grade student athletes at Riverview Middle School are invited to the middle school volleyball clinics. These clinics are designed to focus on the skills needed to be a successful volleyball player and to perform well on middle school teams. Please share this information as it is open to all middle school athletes.

### Primary skills to be covered

**Passing** – Works on serve receive and free ball passing. Focus on platform awareness, body positioning and footwork.

**Setting** – Works on hand positioning, footwork and posture. Work on varies sets, set location and consistency.

**Serving & Hitting** – Works on arm swing, footwork and body positioning. Work on various hits and serving.

Instruction will be given by Kaukauna High School coaches and players.

To register, please email student name to Coach Jodi Matthies [ghostvolleyball@gmail.com](mailto:ghostvolleyball@gmail.com).

The signed waiver must be turned in to Coach Matthies the day of the clinic prior to participation. Students without the signed waiver will not be able to participate.

### Location:

Riverview Middle School (Gym A)

### Dates and Times:

5 <sup>th</sup> & 6 <sup>th</sup> grade	8:00 am - 9:30 am
7 <sup>th</sup> & 8 <sup>th</sup> grade	9:30 am - 11 am

Saturdays, April 22 & 29

Saturdays, May 6, 13, & 20

Kaukauna Youth Volleyball Skills Clinics  
Open to Girls & Boys 5th to 8th grade

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Name of Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
Current school: \_\_\_\_\_

**THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS – READ IT CAREFULLY**

I have applied to participate in the Kaukauna High School Volleyball program described as the 2017 Kaukauna Youth Volleyball Skills Clinic (“Program”) during the period April – May 2017. I acknowledge that the Program is voluntary and may involve certain risks, including those described below.

I understand that by participating in the Program, I will engage in: strenuous physical activity with other participants, competition and recreational activities. I acknowledge that these activities present certain inherent risks that are beyond Kaukauna High School’s control.

**I choose to participate in the Program understanding its associated risks, and knowingly and voluntarily assume all risks of collision, injury, illness, death or damage to or loss of my property that may occur while engaging in sports, recreation and any other activities arising out of or related to the Program.**

**I understand that I may discontinue participation at any time in light of the risks.**

**I hereby forever release Kaukauna Area School District, their trustees, officers, employees, and agents (the “Released Parties”), from liability for any negligent act or omission arising from my participation in the Program, including related costs, damages, claims or assertions to which I or my family, estate, or heirs may claim against the Released Parties.**

This Assumption of Risk and Release of Liability shall be construed in accordance with the laws of the State of Wisconsin, which shall be the forum for any lawsuits filed under or incident to this Release or the Program.

Insurance Agreement \* I have read, understand, and agree to the above.

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Photo Agreement \*\* I/we grant permission for photos/images of minor to be published in future Kaukauna High School Volleyball Clinic brochures, website or advertisements.

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