



Olmsted Falls High School Volleyball Grades 1-6 Individual Skills Mini-Clinics (August 8-10 @ OFHS)

10:45am-12:00pm

Cost: \$35 for all three clinics!

If you have your own ball, please bring it. If not, one will be provided for you

Tuesday, August 8 (Ball Control and Defense) This session will cover ball control and defensive skill training such as: proper body position, movement, footwork, midline passing, platform angles, and court communication.

Wednesday, August 9 (Serving/Serve Receive) This session will aim to improve the serving technique, consistency, and accuracy of each individual, depending on his/her personal skill level. A float serve and/or jump float may be taught to more advanced players.

Thursday, August 10 (Hitting) This clinic will cover individual skill training such as: approach, arm swing, and snap. We will focus on efficiency of movement, proper timing, and placement of the ball.

Register Online @ www.olmstedcc.com

Mail or drop off registrations to: Olmsted Community Center 8170 Mapleway Drive, Olmsted Falls, OH 44138.
Make checks payable to: OLMSTED COMMUNITY CENTER

Child's Name: _____ Grade (Fall '17) _____
(First) (Last)

Parent(s) Name: _____

Parent(s) Email: _____

Child's Address: _____ DOB: _____
(Street) (City) (Zip Code)

Phone (Home): _____ (Cell): _____

Emergency Contact (Not Parent): _____
(First) (Last) (Phone)

Any Medical Concerns For This Player? _____

Waiver

We the undersigned players and parents, release the officials, directors and school system from any liability in the event of an injury occurring while traveling to, from, or during competition in the Olmsted Falls Summer Camp. We also authorize the staff of the Olmsted Falls Summer Camp to act according to their best judgment in an emergency situation requiring medical attention and waive Olmsted Falls Schools from any and all liability for an injury incurred while participating in the camp. We have no knowledge of any physical impairment that would be affected by participation in this tournament. We further consent authorizing emergency medical treatment. OFVB is also not responsible for any lost or stolen items. OFHS

Volleyball may capture photographs and use them for purposes of promotion, illustration and web content (Facebook/Twitter). By completing this form you agree that OFHS Volleyball may use image(s) of these registered player(s) in this capacity. If you do not wish for images of your child(ren) to be used in this capacity, please reach out to Brigid Radigan at bradigan@ofcs.net

Parent/Guardian Signature _____ Date _____