

**Algonquin Tomahawks
Girl's Summer Volleyball Clinic**

- Who:** Girls, of all skill levels, entering grades 7th – 10th
When: July 6th – July 9th
9:00 a.m. to 1:00 p.m.
Where: Algonquin Regional High School
Coaches: Algonquin Girls' Varsity Players

The Clinic

This clinic is designed to introduce girls, of all skill levels, to the fun-filled game of volleyball. Through this clinic girls will not only learn the basics, consisting of passing, setting, hitting, and serving, but will also be introduced to the Algonquin Volleyball and Athletic community. A large percentage of students at Algonquin participate in the school's athletic program. It is through athletics that many friendships lasting beyond the high school years are made. It is hoped that while learning, players meet and develop friendships with their future classmates. Above all, the goal is to have fun. Volleyball is a game for all ages and an activity that is captivating from the first time a player steps on the court. At this clinic, girls are provided the opportunity to explore the game of volleyball as well as experience the competition and excitement of high school sports.

Fees

- Early Bird Rate (register before June 1) **\$70**
- Regular Rate **\$85**
- Promotion Package - enrollment in both the Algonquin Tomahawks **\$200**
Girls' Volleyball Clinic and Gary Patch's Camp offered by Southborough
Recreation (Beginner Camp is July 12 - July 16, 5pm to 8pm at ARHS)

This payment covers all clinic fees and a t-shirt for each participant. Proceeds will benefit the ARHS Volleyball Boosters Club. Make checks payable to: *ARHS Boosters Club* and mail to ARHS VB – Yung, 36 Pine Hill Road, Southborough, MA, 01772, with completed registration form. If you have any questions, contact us at thawkvolleyball@gmail.com.

First Name: _____ Last Name: _____ Grade ('09 - '10): _____
Address: _____
City: _____
State: _____ Zip: _____ Primary Phone Number: (_____) _____
Secondary Phone Number: (_____) _____ Email: _____
Emergency Contact: _____ Relationship: _____
Emergency Phone Number: (_____) _____ Payment: _____ T-Shirt Size: (Adult) S M L
Medical Conditions (allergies, medications, or injuries): _____

The above participant has my permission to participate in the clinic program above. In case of emergency, I understand every attempt will be made to contact the person(s) above. If contact is unsuccessful, I give my permission to the attending physician to render medical treatment to the participant, including (if necessary) hospitalization. Any expense arising from injury or illness is the responsibility of the person signing below.

Signature: _____ Date: _____