

PENN VOLLEYBALL SPRING CLINIC 2017

RECEIVE INDIVIDUAL COACHING FROM COACH HENDRICKS AND HER STAFF

WHO: Any student currently in 6th- 8th grade (2016-17 school year)

WHERE: Penn High School Main Arena

WHEN: Saturday February 18th and 25th
Saturday March 4th, 18th, and 25th

TIME: 4:00pm-7:00pm

COST: \$100.00 for 5 sessions
\$60.00 for 3 sessions



*We realize due to club or other circumstances you may not be able to make every session. Please choose the 3 or 5 session package. If you can't make it to all sessions that is fine, we still want you to come for those that you can!!! Please remember to check the dates that you will be attending below.

Participant's Name: _____ **Age:** _____ **Grade:** _____

Current School _____ **T-shirt Size (Please circle):** Adult: S M L XL

Dates attending Clinic (Check all that apply): Feb 18th _____ Feb 25th _____ March 4th _____

March 18th _____ March 25th _____

Parent or Guardian: _____

Address: _____

City: _____ **St.:** _____ **Zip:** _____

Home Phone: _____ **Cell:** _____

Email: _____

PLEASE SEND WAIVER, APPLICATION AND FEES TO:

Penn High School Volleyball Coach

Att: Sarah Hendricks

56100 Bittersweet Road

Mishawaka, IN 46545

*Please make checks payable to Penn Volleyball

WAIVER

I hereby waive, release and forever discharge the Penn-Harris-Madison School Corporation and the Penn High School Volleyball Clinic, including its staff, from any liability or claims arising out of any loss, personal injury, or property damage which may occur during participation in this camp. I have adequate hospitalization to cover such injuries that may occur during the Penn Volleyball Clinic.

Signature of Parent/Guardian: _____ **Date:** _____

Printed Name: _____

Questions please contact Coach Hendricks at shendricks@phm.k12.in.us