

2018 MAGNOLIA WEST VOLLEYBALL CLINICS

Join us for the 1st Mustang Volleyball Clinics hosted by new Head Coach Bill Reynolds

All Clinics will be held at Magnolia West High School .

I will attend	Date	Time	Grade ENTERING	Clinic Emphasis	Cost
	May 29	6:30-8:30 pm	3 rd & 4 th grade	All Skills Intro	\$30 (includes a camp t-shirt)
	May 30	9:00-11:00 am 1:30-3:30 pm	5 th & 6 th grade	All Skills	\$50 (includes camp T-Shirt)
	May 31	9:00-11:00 am	7 th , 8 th and 9 th grade	Passing	\$35 for one clinic \$60 for two clinics \$80 for three clinics \$95 for all four clinics
	May 31	1:30-3:30 pm	7 th , 8 th and 9 th grade	Serving/Setting	See Above
	June 1	9:00-11:00	7 th , 8 th , and 9 th grade	Attacking (Hitting)	See Above
	June 1	1:30-3:30	7 th , 8 th , and 9 th grade	Defense	See Above

To register:

**Complete this form being sure to indicate which clinic(s) your daughter will attend (separate form for each athlete) by Monday, May 21 (late registration will be accepted on space available basis only and is subject to a \$10 late fee and a t-shirt will not be guaranteed).

Send Form and payment to Magnolia West Volleyball, 42202 FM 1774, Magnolia, TX 77355 (for specific questions, contact Bill Reynolds at breynoldsphoto@magnoliaisd.org) **Refunds are available up until 7 days before the clinic, less a \$15 administrative fee.

Name _____ Grade Entering _____

School Entering _____ Cell Phone number _____

Email Address _____ (Very important!)

Guardian Name _____ Home Phone Number _____

T-Shirt Size (circle one) Youth L or AS AM AL AXL AXXL

I hereby register my child for the **Magnolia West Volleyball Clinic(s)** and authorize her to participate in the clinic activities. My child has no medical or emotional problems, which may affect her ability to safely participate in the clinic. By signing below, I authorize the staff to attend to any health problems or injuries my child may incur while attending the clinic. I further acknowledge that the staff and anyone associated with the clinic will not be liable for any damage from injury or illness sustained while participating at the volleyball clinic.

Parent/Guardian Signature: _____ Date: _____

REGISTER EARLY, OUR 6th-9th Grade Clinics have a cap at 80 players per clinic!

*Campers are welcome to stay at the gym in between the morning and afternoon sessions at no charge! Adult supervision is provided.