

THE BISHOP'S SCHOOL
7607 La Jolla Boulevard
La Jolla, CA 92037-4799



The Bishop's School Volleyball Clinics | 2009

Beginning Through Advanced June 8 - July 30

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The Volleyball Clinics provide 4 days per week of instruction, drills, & games. Each player will receive individual attention from qualified area coaches, and a clinic T-shirt. Players are welcome to sign up for more than one clinic.

BEGINNING SESSIONS \$120 PER SESSION

The Beginning Sessions are reserved for girls entering grades 4-8 who are new to the sport of volleyball. Experience is not necessary. The clinics will stress:

- movement skills & footwork patterns
- basic skill progressions for passing, serving, & setting
- step by step spiking instruction
- position responsibilities in daily games

INTERMEDIATE SESSIONS \$120 PER SESSION

The Intermediate Sessions are reserved for girls entering grades 7-10 who have some volleyball experience and want to improve their skills and understanding of the game. The clinics will stress:

- movement skills & footwork patterns
- fundamentals of passing, setting, & serving
- spiking and defensive techniques
- position responsibilities in daily games

ADVANCED SESSION \$140 PER SESSION

The Advanced Session is reserved for girls who expect to play varsity volleyball in the fall or for younger players who play at the varsity level due to extensive club experience. The clinics are designed to help players prepare for the 2009 season and will stress:

- passing, setting, & serving fundamentals
- advanced defensive techniques
- advanced hitting & blocking techniques
- offensive/defensive systems in daily games

*For more information contact,
Tod Mattox at (858) 488-2458 or todx99@yahoo.com*

For additional forms visit <http://www.bishops.com/summercamps>

The Bishop's School **Volleyball Clinics** | 2009

For Girls

Camper's Name _____ Age _____ Female

Grade in Fall 2009 _____ School _____

Parent/Guardian Name(s): _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ Email: _____

Select T-shirt Size: Youth: M L Adult: S M L

	Girls Beginner Sessions \$120	Girls Intermediate Sessions \$120	Girls Advanced Sessions \$140	Clinic Fees
June 8 – 11			<input type="radio"/> 9:00 a.m. to 12:30 p.m.	\$
June 16 – 19	<input type="radio"/> 9:00 to 11:30 a.m.	<input type="radio"/> 12:00 to 2:30 p.m.		\$
June 22 – 25	<input type="radio"/> 9:00 to 11:30 a.m.	<input type="radio"/> 12:00 to 2:30 p.m.		\$
July 6 – 9	<input type="radio"/> 1:30 to 4:00 p.m.	<input type="radio"/> 4:30 to 7:00 p.m.		\$
July 13 – 16	<input type="radio"/> 1:30 to 4:00 p.m.	<input type="radio"/> 4:30 to 7:00 p.m.		\$
July 20 – 23	<input type="radio"/> 9:00 to 11:30 a.m.	<input type="radio"/> 12:00 to 2:30 p.m.		\$
July 27 – 30	<input type="radio"/> 9:00 to 11:30 a.m.			\$
TOTAL DUE				\$ _____

Please complete and mail this form with a check to The Bishop's School, Attn: Volleyball Clinics, 7607 La Jolla Boulevard, La Jolla CA 92037. Please make check payable to **The Bishop's School**.

Full payment must accompany this form. 100% refund will be given if a session is cancelled two or more weeks before the session's start date. **Otherwise, a \$50 administrative fee will be assessed. An enrollment confirmation will not be sent.**

Be sure to keep a record of the days and times that a player has selected. Players should arrive the first day of the session wearing shorts, T-shirt, and comfortable athletic shoes. Knee pads are suggested though not required. Transportation may be available for camps, please contact the business office for schedules and options at (858) 459-4021, Ext. 714.

I hereby authorize The Bishop's School to act for me in any emergency requiring medical attention to my child and hereby waive and release The Bishop's School from any and all liability for any injuries or illnesses my child incurs while at The Bishop's School. I release The Bishop's School of responsibility for this child once his or her scheduled camp program is completed for the day. In addition, I agree that The Bishop's School shall have the privilege and right to use photographs in which my child may appear for the camp web site, advertising and promotional purposes. I hereby certify that I am the sole/joint legal guardian of the student named.

In case of emergency and parents/guardians are unavailable, please call:

Name _____ Phone: (_____) _____

My child may be released to

Name _____ Phone: (_____) _____

Please indicate pertinent medical issues, allergies, etc. _____

SIGNATURE OF PARENT OR GUARDIAN

DATE