



2017 Pleasant Valley Summer Volleyball Clinics and Camps

All Clinics and Camps will be at Pleasant Valley High School

604 Belmont Rd, Bettendorf, IA 52722

Kindergarten – 6th Grade

Skill Clinic - Sunday's June 4th, 11th, 18th, 25th July 2nd & 9th \$30.00
(includes all 6 Sunday's)

K – 3rd Grade – 3:00-4:00pm

4th – 6th Grade – 4:00-5:00pm

Team Camp - July 10th- 12th \$30.00

(includes Camp T-shirt)

K – 3rd Grade – 11:00-12:30pm

4th – 6th Grade – 1:00-3:00pm

7th – 8th Grade

Skill Clinic - June 19th, 21st, 23rd \$30.00
7th & 8th Grade – 11:00-1:00pm

Team Camp - July 31st – August 3rd \$40.00

(includes Camp T-shirt)

7th & 8th Grade - 11:30-2:00pm

9th – 12th Grade

Team Camp – July 31st – August 3rd \$60.00
(includes a Camp T-shirt)

9th-12th Grade - 8:00-11:00am

The Skill Clinics are introductory which will focus on the basic fundamentals and rules of volleyball. The Team Camps will work on fundamentals and putting those skills together.

Online Registration Link: <https://pleasval.revtrak.net/tek9.asp?pg=athletics>

OR

Athlete Name: _____ Age _____

Grade Level, Fall 2017: _____ Current School: _____

Home Telephone: _____

Parent/Guardian Name: _____ Work/Cell Phone: _____

If unable to reach parent/guardian, in case of an emergency, contact:

Name: _____ Phone: _____

PLEASE CHECK WHICH CLINIC YOU ARE SIGNING UP FOR:

K-3rd Skill Clinic: _____ 4th-6th Skill Clinic: _____ 7th-8th Skill Clinic: _____

K-3rd Team Camp: _____ 4th-6th Team Camp: _____ 7th-8th Team Camp: _____ 9th-12th Team Camp: _____

PLEASE CIRCLE T-SHIRT SIZE:

YOUTH: S M L

ADULT: S M L XL

Medical Information/Release

Does the athlete have any medical conditions we need to be aware of? Yes No

If yes, please explain: _____

I authorize the Volleyball coaches at the Pleasant Valley Volleyball clinic to act for me according to their best judgment in an emergency requiring medical attention, and I release Pleasant Valley Volleyball coaches as well as Pleasant Valley High School from any and all liability for injuries, illnesses, or lost property incurred while the above named athlete is at a clinic. I have no knowledge of any physical condition that would be affected by the above named athlete's participation in the clinic.

Parent/Guardian Signature: _____ Date: _____

Please register online (Link is above) or makes checks payable to "**PV Volleyball**" and send your camp registration to:

Mrs. Amber Hall – PVHS
604 Belmont Rd
Bettendorf, IA 52722

Questions: hallamber@pleasval.k12.ia.us