



## SEAL BEACH VOLLEYBALL CLUB

### Pre-Season Skills Clinics for Current & Prospective Players

For Girls Ages 9-18 years  
At McGaugh School Gym - Seal Beach

Two Hours Sessions

#### CLINIC DATES & TIMES

Thu. Oct 6 <sup>th</sup>	6:00 pm – 8:00 pm	“Universal-All Skills”
Sun. Oct 9 <sup>th</sup>	4:00 pm – 6:00 pm	“Setting”
Sat. Oct 15 <sup>th</sup>	4:00 pm – 6:00 pm	“Defense & Blocking”
Sun. Oct 16 <sup>th</sup>	4:00 pm – 6:00 pm	“Hitting & Serving”
Sat. Oct 22 <sup>nd</sup>	4:00 pm – 6:00 pm	“Universal-All Skills”
Sat. Oct 29 <sup>th</sup>	4:00 pm – 6:00 pm	“Ball Handling”
Thu. Nov 10 <sup>th</sup>	6:00 pm – 8:00 pm	“Universal-All Skills”
Thu. Nov 17 <sup>th</sup>	6:00 pm – 8:00 pm	“Hitting & Serving”

Coaches: Tony Rodriguez, Maria Fattal, Rick Evans,  
and other 2011-2012 SBVBC staff members.

Players have the option of signing up for one or more sessions.

**COST = \$20 per player per session**

**Cash or Checks Payable to:**

#### Seal Beach Volleyball Club

16131 Marjan Lane, Huntington Beach, CA 92647

Clinics Spaces will be limited to 30 players

Sign-up with Rick Evans to reserve your spot at

[rick@sealbeachvolleyballclub.com](mailto:rick@sealbeachvolleyballclub.com)

For Questions Please Call Rick Evans at 714-504-6326

Please visit our club website: <http://www.sealbeachvolleyballclub.com/>

*“Celebrating our 20<sup>th</sup> Year of Club Volleyball”*



## SEAL BEACH VOLLEYBALL CLUB

### Pre-Season Skills Clinic-Player Registration / Waiver Form

*Please fill in the application form completely and write legibly.*

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Age/Birth date: \_\_\_\_\_

Grade / School: \_\_\_\_\_

VB Club / Positions Experience: \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

I hereby authorize the staff of Seal Beach Volleyball Club to act for me in according to their best judgment in any emergency requiring medical attention and I hereby waive and release Seal Beach Volleyball Club from any and all liability for any injuries or illness incurred while attending skills clinics / open gym play. I have no knowledge of any physical impairment or condition that would be affected by the above named player's participation in the skills clinic / open gym sessions.

Parent's Signature: \_\_\_\_\_

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