

Come join 1992 Bronze Medalist Ruth Lawanson  
in a series of one hour clinics to improve your  
volleyball skills!



CHECK SESSION	DAY	DATE	DATE	SKILL/AREA OF FOCUS
<input type="checkbox"/> ONE	Thursday	2/2/17	5:00-6:00 pm	Serving/Passing (Tips to improving skills)
<input type="checkbox"/> TWO	Thursday	2/9/17	7:30-8:30 pm	Defense (Learn how to read hitters)
<input type="checkbox"/> THREE	Sunday	2/12/17	4:30-5:30 pm	Hitting (Learn to hit more efficiently)
<input type="checkbox"/> FOUR	Thursday	2/23/17	5:00-6:00 pm	Blocking (See and read better)
<input type="checkbox"/> FIVE	Sunday	2/26/17	4:30-5:30 pm	Setting (Quickness to the ball)

Clinic location: The Ultimate Fieldhouse 2675 Mitchell Dr. Walnut Creek  
 Cost for each session is: \$35. The day of the session: \$45 Open to ages 10-18

Name: \_\_\_\_\_ M/F \_\_\_\_\_ School \_\_\_\_\_ Grade in Fall \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Emergency Ph: \_\_\_\_\_

Volleyball Academy Registration Form:

# Sessions \_\_\_\_\_ Amount: \$ \_\_\_\_\_ (Money Order/Check/Credit)

Credit Card # \_\_\_\_\_ CVV \_\_\_\_\_ Expires \_\_\_\_\_ Signature \_\_\_\_\_

**Make check payable to: Volleyball Academy (Returned checks will be charged \$25.00)\*\*\***  
**There is an additional \$2.50 Charge for CC Payment \*\*\***

I hereby request that my child be admitted to attend the Volleyball Academy Clinic at The Ultimate Fieldhouse. I understand that the Volleyball Academy staff and The Ultimate Fieldhouse are not held responsible for any injuries that may occur. If in the judgment of any representative of the staff that my child should need immediate medical care and treatment as a result of injury or sickness, I hereby request, authorize, and consent to such care and treatment by any physician, trainer, or staff member. It is also understood that all medical expenses are the sole responsibility of the undersigned and not the Volleyball Academy, The Ultimate Fieldhouse nor the city of Walnut Creek.

\_\_\_\_\_  
 Signature of parent or legal guardian

\_\_\_\_\_  
 Date

If interested in any training or have questions you can reach me at: [ruthvbtrainer@gmail.com](mailto:ruthvbtrainer@gmail.com)