



GEORGE RANCH HIGH SCHOOL LONGHORN VOLLEYBALL 2013 SPRING CLINICS



If you are looking for the opportunity to improve your volleyball skills, now is your chance! The GRHS Longhorn Volleyball team will host several VOLLEBALL CLINICS for anyone who is in Kindergarten through 8th grade. You will have the chance to improve your individual skills such as serving, hitting, passing, blocking and setting. You will also have the opportunity to develop team leadership skills as well as fun activities with the Longhorn Volleyball Athletes.

The cost is \$30 per clinic. There are several clinics to choose from. Please see the information below to select the clinic that best suits your needs. Registration will be the day of the clinic you are interested in attending. Please email Coach Forshee a week prior to your selection for participation head count.

_____ VB CLINIC #1 is Saturday, April 6, 2013
Kindergarten – 4th Grade

_____ VB CLINIC #2 is Saturday, April 20, 2013
5th Grade – 8th Grade

_____ VB CLINIC #3 is Saturday, May 4, 2013
Kindergarten – 4th Grade

_____ VB CLINIC #4 is Saturday, May 18, 2013
5th Grade – 8th Grade

CLINIC SCHEDULE:

8:00am	Registration Begins @ GRHS Gym
8:30am	Volleyball Clinic Begins
11:30am	Clinic Ends/Parents Arrive
11:45am	All kids should be picked up

*****All clinics will be held at GRHS except for
April 20 which will be held at ARJHS!!***

To sign up for a clinic and/or ask questions contact Cheyanne Forshee at cforshee@lcisd.org.

Please bring this form and payment the day of the clinic. Only CASH will be accepted!!!

ONLY ONE CHILD PER FORM!!!

THIS ORGANIZATION AND ITS ACTIVITIES ARE NOT RELATED TO OR SPONSORED BY LAMAR CISD.

Child's Name: _____ Grade Level: _____

Parent's Name: _____ Parent's Cell #: _____

Parent's Email: _____

Emergency Name: _____ Emergency #: _____

OFFICE USE ONLY DO NOT WRITE IN BOX

_____ \$30 Registration

Total Amount Paid _____

CASH ONLY!!

Date Received _____

I, _____ give permission for my child, _____ to attend and participate in
(Parent's Name) (Child's Name)
the GRHS Volleyball Clinic on _____ at George Ranch High School. I, _____
(Clinic Date) (Parent's Name)
understand the athletes, George Ranch HS, and LCISD are not responsible for any accidents and/or injuries.