



# Winthrop University Volleyball 2009 KIDS CLINICS

We are looking for girls and boys (K-8th graders) to be part of the Winthrop University Volleyball "Kid Clinics" to learn the game of volleyball. Come join the excitement and become a part of our program!!!! Register early, spots fill up fast!

"Kid Clinics" includes:

- 🏐 3 volleyball clinics instructed by Winthrop players and coaches
  - 🏐 Recognition at a Winthrop Volleyball Match
  - 🏐 Autograph sessions with Winthrop Volleyball Team
  - 🏐 Opportunity to watch Winthrop Volleyball Practices
  - 🏐 Chances to win official Winthrop Volleyball Equipment
- 🏐 Free admission into the 10/3 match v. Radford, 10/16 match v. UNC-Asheville, and 11/7 match v. Presbyterian

***THE PROGRAM IS FREE!!!!***

#### Dates:

Sept. 1-Nov. 1<sup>st</sup>: Register through email, website, or phone (information below)

Sept. 30<sup>th</sup>: "KIDS CLINIC" 5:30-6:30PM, Come early and watch a Winthrop Practice 3:30-5:30

Oct. 3<sup>rd</sup>: FREE ADMISSION: Winthrop v. Radford @ 2:00PM-Recognition during match

Oct. 13<sup>th</sup>: "KIDS CLINIC" 5:30-6:30PM Come early and watch a Winthrop Practice 3:30-5:30

Oct. 16<sup>th</sup>: FREE ADMISSION: Winthrop v. UNC-Asheville @ 7:00PM-Recognition during match

Nov. 5<sup>th</sup>: "KIDS CLINIC" 5:30-6:30PM Come early and watch a Winthrop Practice 3:30-5:30

Nov. 7<sup>th</sup>: FREE ADMISSION: Winthrop v. Presbyterian 2:00PM-Recognition during match

#### Sign-Up:

Check out the Winthrop Eagle Volleyball Website at [www.winthropeagles.com](http://www.winthropeagles.com) for registration form or contact Shannon Wells at 803.323.2129 x 6612 or email at [wellss@winthrop.edu](mailto:wellss@winthrop.edu).

# FREE VOLLEYBALL CLINICS



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## REGISTRATION FORM

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**PARENT'S NAMES:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_

**EMERGENCY PHONE NUMBER:** \_\_\_\_\_

**CLINIC ATTENDING (CIRCLE):**    **9/30**            **10/13**            **11/5**            **ALL**

The undersigned, being a parent or legal guardian of the child requesting clinic admittance, does hereby affirm the applicant is physically able to perform activities conducted at the camp and I hereby give my permission for such medical procedures as may be necessary to this camper by Winthrop University in the event of sickness or injury. I understand that, as a condition of admittance as a camper, the undersigned on behalf of all parents and guardians, and behalf of the applicant, hereby releases Winthrop University and all other employees, volunteers, or agents of the clinic from any and all liability, from injury, illness, mental or physical, suffered by the camper during or related to camp, to also include transportation and personal property.

Campers Name: \_\_\_\_\_

Parent (Legal Guardian) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for registering for our FREE CLINICS. Please email this to Shannon Wells at [wellss@winthrop.edu](mailto:wellss@winthrop.edu) , fax to 803.323.2433 or mail to Shannon Wells, Winthrop Volleyball, 1162 Eden Terrace, Rock Hill, SC 29733. You will be sent more information via email after your registration slip is received. We look forward to seeing you soon and GET ALL YOUR FRIENDS TO JOIN TOO!!!!