

# TEXAS TIGERS ONE DAY VOLLEYBALL CLINICS

One day clinics are designed to provide 2 hours of concentrated skill specific instruction.  
ALL clinics will include serving.

**\$30 per Clinic**

**(minimum of 4 participants per age group required)**

**(cash/debit/check made payable Tiger Sports Complex accepted)**

<b><u>Passing Clinic</u></b>	<b><u>Setting Clinic</u></b>	<b><u>Hitting Clinic</u></b>
Tuesday, June 26th	Wednesday, June 27th	Thursday, June 28th
9:30-11:30AM	9:30-11:30AM	9:30-11:30AM
<input type="checkbox"/> 6th-8th	<input type="checkbox"/> 6th-8th	<input type="checkbox"/> 6th-8th
<input type="checkbox"/> 8th-11th	<input type="checkbox"/> 8th-11th	<input type="checkbox"/> 8th-11th
<b><u>Passing Clinic</u></b>	<b><u>Setting Clinic</u></b>	<b><u>Hitting Clinic</u></b>
Tuesday, July 24th	Wednesday, July 25th	Thursday, July 26th
9:30-11:30AM	9:30-11:30AM	9:30-11:30AM
<input type="checkbox"/> 3rd-6th	<input type="checkbox"/> 3rd-6th	<input type="checkbox"/> 3rd-6th
<input type="checkbox"/> 6th-8th	<input type="checkbox"/> 6th-8th	<input type="checkbox"/> 6th-8th

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

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

Hm Ph #: \_\_\_\_\_ Cell Ph #: \_\_\_\_\_

School you are attending: \_\_\_\_\_

If you play club volleyball, which team? \_\_\_\_\_ Which age group: \_\_\_\_\_

Grade (Fall 2018) \_\_\_\_\_ DOB \_\_\_\_\_ Current Age \_\_\_\_\_

Parent Name & Cell \_\_\_\_\_

Emergency Contact & Cell \_\_\_\_\_

Parent Email \_\_\_\_\_

**FIRST COME, First Served.** Sign up today to ensure your spot in these clinics as space is limited and they fill up quickly. Mail form and monies to Texas Tigers, PO Box 681, Seguin 78156. If you have any questions or concerns, please call Skylar Sullivan at 830.556.5010. [txtigercoach@yahoo.com](mailto:txtigercoach@yahoo.com), or [www.texastigers.org](http://www.texastigers.org).

I hereby grant my permission for my child to attend the Texas Tigers Summer Volleyball Camp. I certify that she is physically fit for all camp activities. I release Texas Tigers Volleyball Club, TSC, FKSS and all employees associated herewith from any liability and financial responsibility for personal injury arising during applicant's participation in the volleyball camp.

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Date