

# Finger Lakes Women's Volleyball Spring 2020 High School Clinic

**Who:** Girls in grades 9-12

**What:** Instruction will be provided, but this is primarily an opportunity to get a lot of playing in. There will be many game like "wash" drills & new alternate scoring drills.

**Where:** FLCC Gymnasium

**When:**

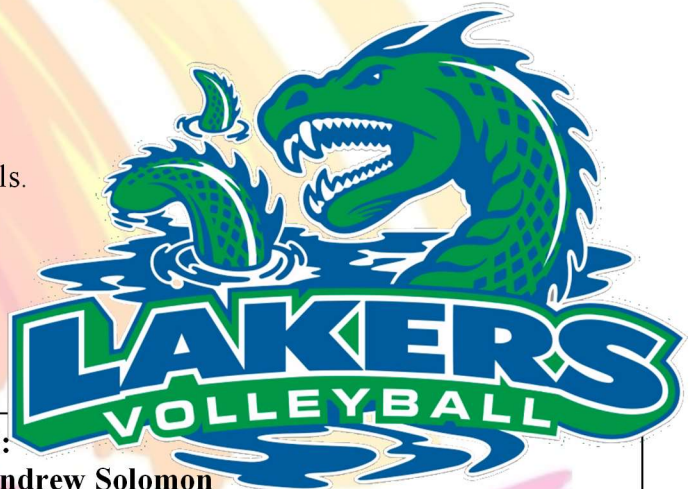
*Session I Dates & Times:*  
3/4, 3/11, 3/18, 3/25, 4/1  
7:00-8:30pm

*Session II Dates & Times:*  
4/2, 4/9, 4/16, 4/23, 4/30  
7:00-8:30pm

**Cost:** \$25/session  
(each session meets 5 times)

**Questions?**

Contact Andrew Solomon  
[andrew.solomon@flcc.edu](mailto:andrew.solomon@flcc.edu)



**CAMP CLINICIANS:**

**FLCC Head Coach Andrew Solomon**

- *Career Record (HS & College) 510-124*
- *Former Penfield Girls' Varsity Coach*
- *2016 & 2011 Class AA NYS Champs, 2014 Finalists*
- *2016 MaxPreps Girls' Volleyball National Coach of the Year*

**FLCC Assistant Coach Emily Richards**

- *Former Division I player at Belmont University (Nashville, TN)*
- *2014 Under Armour All-American*
- *2011 Class AA NYS Champion*

**ATHLETE INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_



Please Select Session(s):

- Session I \$25  
 Session II \$25

**PLEASE MAKE CHECKS OUT TO:  
FLCC VOLLEYBALL  
BOOSTERS**

**SEND COMPLETED FORMS TO:**  
Finger Lakes Community College  
ATTN: Samantha Boccacino  
Athletics  
3325 Marvin Sands Drive  
Canandaigua, N.Y. 14424

**EMERGENCY INFORMATION**

Please list any physical conditions that Finger Lakes Community College should be aware of in case of an emergency: \_\_\_\_\_

Emergency Contact (1) Name: \_\_\_\_\_  
Emergency Contact Phone Number: \_\_\_\_\_

**CONSENT TO ATTEND**

In the event that I am unavailable for the purposes of providing parental consent, I certify that Finger Lakes Community College (hereby referred to as "FLCC") camp staff to seek appropriate medical treatment [physician, camp health staff, etc.] for incurred injuries as necessary. I understand that FLCC does not provide medical insurance for campers and that in the event of injury, our family medical insurance must be used to cover the cost of care. I agree to assume full responsibility for any damages to property as a result of my child's actions while at camp. I further agree to pay for said damages. I hereby waive and release FLCC from any and all liability for any injuries incurred by my child while at camp.

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

\_\_\_\_\_  
Date