



# BALTIMORE ELITE VOLLEYBALL CLUB CLINIC

**DATES:** 2/14, 2/21, 2/28, 3/7, 3/14, 3/21, 3/28, 4/11, 4/18, 4/25, 5/2, 5/9

Time: 6:00-8:00 pm

Location: Leadership Through Athletics

2900 Hammonds Ferry Road

Halethorpe, MD 21227

Grades 6-12 (girls and boys)

Cost: \$400

The Baltimore Elite Volleyball Clinic/League is geared towards beginner, intermediate, and advanced players and will focus on fundamental skill development, including serving, passing, setting, hitting, and serve receive, as well as individual skill training, position training, and team competition. Emphasis will also be placed on positive attitude, sportsmanship and teamwork.

**Clinic Coordinator:**

**Milan Amos:** A recent graduate of Morgan State University, Coach Amos served as an assistant coach with the Coppin State volleyball team in 2019. She played collegiately at Morgan State University and played her high school ball at nearby Dulaney High School in Timonium, MD, where she led the Lions to four-straight Baltimore County Championships and a Maryland State 4A Championship as a junior. Amos was a First Team All-Baltimore County selection all four years and earned All-Metro honors in each of her last three seasons, including first team accolades as a senior. She coached Baltimore Elite 18 Navy team last season.

Every week we'll have a great group of Baltimore Elite coaches running the clinic with Coach Amos, including several collegiate coaches.

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## BALTIMORE ELITE VOLLEYBALL CLINIC REGISTRATION FORM



Player Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Grade and School: \_\_\_\_\_

Email Address (please include so I can email you confirmation): \_\_\_\_\_

Club Experience: Yes \_\_\_\_\_ No \_\_\_\_\_ Club: \_\_\_\_\_

T-shirt Size (adult sizing/circle one): S M L XL

**Parent's Agreement:**

The Baltimore Elite Volleyball Clinic/Kelli Wilkinson assumes no liability for injuries or damage to a camper as a result of normal participation in the camp's program. All participants must have a full-time CHRVA membership for insurance purposes. [www.chrva.org](http://www.chrva.org)

Parent's Signature: \_\_\_\_\_ Parent's Printed Name: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

Questions? Contact Kelli Wilkinson at [baltimoreelitevbc@gmail.com](mailto:baltimoreelitevbc@gmail.com) or at 443-690-8575 (C). Mail registration form and a check **made payable to Baltimore Elite VBC** to 38023 Water Walk Way, Selbyville, DE 19975. No refunds given after the clinic begins. Go to [www.baltimoreelitevbc.com](http://www.baltimoreelitevbc.com) for information about our club.