



# Knight Clinic

## McCallum Volleyball

This clinic is designed to introduce incoming 6<sup>th</sup>-9<sup>th</sup> graders to the McCallum Volleyball program. Each clinic will be from 9-11 then 12-2 in the McCallum High School gym on **July 23-July 25, 2018**. The cost will be **\$80**.

**Clinic Information:** These volleyball clinics are designed to adhere to all levels of skill development. Athletes will be presented with a wide array of drills to challenge them at all of the basic skills in volleyball. Each clinic will consist of the following:

- 1) Fundamental skill work (passing, setting, hitting, serving, etc.)
- 2) Individualized instruction
- 3) Games and scrimmages to simulate game like situations

**Send registration to McCallum High School attention: Amy Brodbeck or you may bring your registration the day of the clinic. Make checks payable to McCallum High School**

**For further information Contact:**

Coach Amy Brodbeck  
(512) 414-7560 [amy.brodbeck@austinisd.org](mailto:amy.brodbeck@austinisd.org)

Coach Nikki Northcutt  
(512) 841-2211 [nikki.northcutt@austinisd.org](mailto:nikki.northcutt@austinisd.org)

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**PLAYER NAME:** (print) \_\_\_\_\_ **GRADE (2018)** \_\_\_\_\_ **T-shirt size** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE** (home) \_\_\_\_\_ (work) \_\_\_\_\_ **SCHOOL** \_\_\_\_\_

**Parent email:** \_\_\_\_\_

**Registration Deadline:      July 23rd before camp begins**

### **ASSUMPTION OF RISK / RELEASE OF LIABILITY**

It is understood that medical insurance of any nature is not provided for injuries incurred during the 2018 Knight Clinic. The undersigned hereby releases the Austin Independent School District, its successors, assigns, officers, agents, and employees from any and all claims, demands, and causes of action whatsoever in anyway growing out of or result from the participation in the volleyball clinic, and that camp staff will not be responsible for accidental injury at the camp. All participants should be covered by their own insurance policies. We, as parents or guardians of the above named child, hereby grant permission of said child to participate in the Knight Clinic and acknowledge the fact that said child is physically able to participate in clinic activities.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_