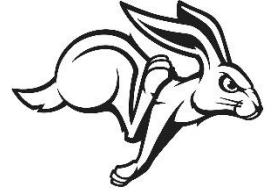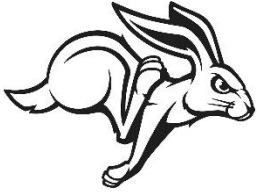# SOUTH DAKOTA STATE VOLLEYBALL
Presents
COMPETITIVE CLINICS

7th-12th Grades

Each session will be run by **South Dakota State University Head Coach Nicole Cirillo, Assistant Coach Hailey Cowles,** and a number of the SDSU volleyball players. You will spend 30 minutes with a light warm up and an hour of fun games including doubles, triples, fours, etc. This format will allow you to gain valuable game experience and fast past competition.

Cost **$20.00** per session. If you plan to attend all four sessions, pay only **$70.00**
$20.00 non-refundable administrative fee

7th–12th grades: 7:30-9:00pm in Frost Arena

DATES:	March 13th
	March 20th
	March 27th
	April 3rd

Please detach and return the information below or sign up online at http://volleyball.jackrabbitsportscamps.com/.

<u>We are limiting each date to 40 athletes</u>.

If you have any questions, contact Hailey Cowles
Email: Hailey.cowles@sdstate.edu

Mail to: SDSU VOLLEYBALL
2820 Stanley J Marshall Center
Brookings, SD 57007

Jackrabbit Volleyball camps and clinics are open to any and all entrants (Limited only by number, age, grade level and/or gender.)

If a camper will require any accommodation due to special needs, we ask that you notify us via e-mail or in writing of those needs a minimum of two weeks prior to the camp start date so we can make the accommodations.

– –

Name: _____ Grade: _____ Email: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone Number: _____ Parent/Guardian Name: _____

Emergency Contact: _____ Emergency Contact Number: _____

Dates I will be attending:

March 13th: _____   March 27th: _____   Amount Enclosed: $_____

March 20th: _____   April 3rd: _____   **Checks payable to: <u>JACKRABBIT VOLLEYBALL CAMP</u>**

        ALL SESSIONS ($70.00): _____

RELEASE FORM in consideration of the acceptance of this application, I, intending to be legally bound hereby for myself, my heirs, executors, administrators, waive and release any and all rights and claims for damages I may have against South Dakota State University, or its representatives and/or assignees for any and all damages which may be sustained and suffered out of my traveling to, participation in, and returning from camp.

Participant's Signature_____ Parent's/Guardian's Signature_____

Medical Insurance Company and Policy Number_____