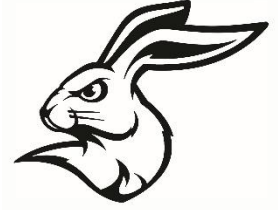


SOUTH DAKOTA STATE VOLLEYBALL



Presents SPRING SKILLS CLINICS

3rd-6th 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 the first 60 minutes on skill development and the final 30 minutes on competitive game situations.

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

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

3rd-6th grades: 6:00-7:30pm in Frost Arena

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

We are limiting each date to 40 athletes.

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: **JACKRABBIT VOLLEYBALL CAMP**

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 _____