



YOUTH VOLLEYBALL CLINIC

with Easton High School Coach Jennifer Powell

Join us in learning the proper technique of volleyball fundamentals such as serving, passing, setting, hitting, and rules of the game. Participants will improve hand-eye coordination, footwork, agility, and communication with an emphasis on “FUN”amentals and teamwork.

Grade Entering:

REGISTRATION DEADLINE:
MAY 22nd

- Grades 1st-2nd: 5:00-6:00pm
- Grades 3rd-5th: 6:00-7:00pm
- Grades 6th-8th: 7:00-8:00pm

**Times Subject to Change to Adjust Class Sizes*



Tuesdays, June 9th - July 14th
\$45 Per Participant
(\$10 Late Fee After the Deadline)
Talbot County Community Center

Name: _____ Grade: _____ DOB: _____ Gender: **M** **F**

Parent Names (Please Print): _____

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

Primary Phone: _____ Email: _____

Shirt Size (Please Circle One): **YS** **YM** **YL** **YXL** **AS** **AM** **AL** **AXL**

I acknowledge that I have complete understanding of the potential risk associated with this activity, including injury and death, and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify, and agree to hold Talbot County, its officers, agents, and employees, harmless from and against any and all liability, claims actions, suits, damages, losses, or injuries of any kind, nature, or description, including without limitation personal injuries and/or death, medical expenses, and economic damages arising or claimed as a result of any act or omission related to the program (s) offered by the Talbot County Department of Parks and Recreation or any affiliated program. Requests are accepted but not guaranteed. On occasion, staff members may photograph participants in programs or special events. These photos are for TCDPR use only and may be used in future brochures, flyers, website, or social media postings. By registering for this program, I agree to allow publication of any photos taken at any program, event, or facility and occasional promotional emails regarding upcoming programs.

Signature of Parent/Guardian _____ Date _____

For Office Use: Total Paid _____ Cash / Check / Charge Date _____ Staff Initials _____

Return Forms to: 10028 Ocean Gateway, Easton, MD 21601 • Phone-410-770-8050 • Fax-410-822-7107