

BC3 Volleyball

Spring Clinic Series

Session 1 – Hitting (Girls grades 7-12)

March 9, 2019 from 10:00am – 12:00pm

Session 1 will focus on hitting skills and hitting progression drills. Fee: \$20 per player

Session 2 – Setting (Girls grades 7-12)

March 23, 2019 from 10:00am – 12:00pm

Session 2 is for players that are, or would like to be setters. Learn our specific techniques, drills, and, training progressions that have produced multiple All-American setters. Fee: \$20 per player

Session 3 – Serving (Girls grades 7-12)

April 6, 2019 from 10:00am – 12:00pm

Session 3 will review serving fundamentals, serving strategy, and the jump float serve. Fee: \$20 per player

Session 4 – Passing/Serve Receive (Girls grades 7-12)

April 27, 2019 from 10:00am – 12:00pm

Session 4 will cover individual passing and serve receive skills. Fee: \$20 per player

Clinic Features

- Experienced coaching staff from the Butler County Community College Pioneer Team as well as current and former BC3 players.
- Great facilities at the BC3 Field House.
- Personal Attention.

Players are encouraged to bring a drink or sports bottle.

Prior to the start of the clinic, the medical release form on the reverse page must be completed and signed to participate in any activity.

For questions contact: Rob Snyder

rob.snyder@bc3.edu

724-287-8711 x 8249



BC3 Volleyball Spring Clinic Series

Application Form and Medical Release

Session 1 Session 2 Session 3 Session 4

First Name _____ Last Name _____ MI _____

Home Address _____

City _____ State _____ Zip _____ Home/Cell Phone _____

Age _____ Parent/Guardian _____ Emergency Phone _____

Email _____ School _____ Grade _____

Volleyball Experience _____

Club (team and Yrs.) _____ Height _____ Position _____

Make check payable to: Butler County Community College (\$20 per session)

Please send application and check to: Butler County Community College
Attention: Women's Volleyball, 107 College Drive, Butler, PA 16002

1. Does Player have medical insurance through parent? Y or N If yes, list name of the Insurance Company & Policy #
Insurance Co. _____ Policy # _____
2. Medical Conditions(Check) Allergies(Check)
___Diabetes ___Aspirin
___Orthopedic Problems ___Penicillin
___Asthma ___Sulfa
___Epilepsy ___Insect Bites
___Cardiac Problems ___Tetracycline
___Other (please specify) ___Medications (please specify) _____
3. Current Medications, include over the counter medications

4. Has the player had a tetanus shot within the last 6 years? Y or N
5. Do you know of any health factor that makes it advisable for player to follow a limited program of physical activity or from participating in any of the activities? Y or N If yes please explain. Mention any recent surgery, illness, broken bones, injuries, allergies (other than drugs) or any other physical condition. _____

6. Does player wear glasses or contact lenses? Y or N

INDEMNIFICATION BY GUARDIAN: The undersigned guardian of _____ agree to save and indemnify BC3, its employees, agents and sponsors against any and all liability, claims, judgments or demands for damages arising as a result of injuries sustained while attending or participating in BC3 activities.

Signature _____ Date _____

Parent Authorization: The health history as provided is correct to the best of my knowledge and the child herein described has permission to engage in all activities, unless noted by me. I give my permission to the physician or hospital selected by a medical representative of the College to hospitalize, secure proper treatment for and to order medications, injections, anesthesia surgery for my child named on this form.

Signature _____ Date _____

This form must be filled out and returned prior to the start of the camp to be allowed to participate in any activity.