

BC3 Volleyball

Winter Skills Clinic

January 26, 2019

Located at the BC3 Field House

AM Session: Girls grades 5-7

Geared towards players needing introductory skills
9:30am to 12:00pm

PM Session: Girls grades 7-9

Geared towards players with some experience
1:30pm – 4:00pm

Fee: \$25 per player

It's Always Volleyball Season Here!

Clinic Features

- Experienced Coaching staff from the Butler County Community College Pioneers Team including current players.
- Great facilities at the BC3 Field House
- Instruction, Drills, and Competition
- Personal Attention

Each player is recommended to bring a drink or sports bottle.

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

For questions contact: Rob Snyder

rob.snyder@bc3.edu

724-287-8711 x 8249

Check out our Spring Clinic Series for more Sessions!



BC3 Volleyball Winter Clinic Application Form and Medical Release

Session AM PM

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

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

2. If yes to No. 1, name of Insurance Company _____

3. Policy number for No. 2 _____

4. Medical Conditions(Check) Allergies(Check)

___ Diabetes

___ Aspirin

___ Orthopedic Problems

___ Penicillin

___ Asthma

___ Sulfa

___ Epilepsy

___ Insect Bites

___ Cardiac Problems

___ Tetracycline

___ Other (please specify)

___ Medications (please specify)

5. Current Medications(including over the counter) _____

6. Has player had a tetanus shot within 6 years? Y or N

7. 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

8. If yes to No. 7, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies(other than drugs) or any other physical condition. _____

9. 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.