

2007-2008 Volleyball Clinics, Leagues & School

Conducted by: **Cumberland Head Coach Dwayne Deering & staff**

*Feel free to make extra copies to use for additional volleyball clinics, volleyball leagues and volleyball schools listed below

Player's Name _____ Present Grade _____ Age _____
Player's Address _____ City _____ State _____ Zip _____
Player's Phone Number _____ Cell _____ Email _____
School Attending _____

Please check appropriate section(s)

VOLLEYBALL CLINICS

___ **December 22, 2007- Christmas Volleyball Clinic (2 sessions) Each session- \$35**

___ Morning session 9:00am-11:45am **\$35** (serving, passing, setting, hitting).

___ Afternoon session 12:15pm-3:00pm **\$35** (defense, offense, hitting, setting).

___ **BOTH Morning and Afternoon Christmas Clinic sessions- \$60**

VOLLEYBALL LEAGUES-2008 \$50 per player, per league

(Please Circle) Preferred Age Division to participate: **14 & under**, **18 & under**

___ **Monday Night Volleyball League (Matches every Monday evening from March 17-April 21, 2008)**

___ Yes, I have an off-season team to play on. Name of team/coach _____

___ No, I do not have a team, but would like to be placed on a team.

___ **Maymester Volleyball League (April 28-May 20, 2008) \$50 per player**

___ Yes, I have an off-season team to play on. ___ No, I do not have a team, but would like to be placed on a team.

VOLLEYBALL SKILLS SCHOOL-June 11-14 (\$30 per session, or \$100-all 4 sessions)

___ **Session 1-June 11th-Hitting and Setting 10am-12noon**

___ **Session 2-June 12th-Defense and Hitting 10am-12noon**

___ **Session 3-June 13th- Serving, Hitting & Blocking 10am-12noon**

___ **Session 4-June 14th-Setting, Defense and Hitting 10am-12noon**

___ **All 4 Skills School Sessions listed above - \$100.**

___ **Beginner's Skills School-June 11th-13th Conducted by Assistant Coach Rita McCarthy.**

Cost: \$50. Time: 12:30-2pm following first 3 summer skills sessions.

Make checks payable to: **Dwayne Deering Volleyball**

Mail to: Coach Dwayne Deering, One Cumberland Sq. Cumberland University, Lebanon, TN 37087

More info: Coach Deering 615-547-1318/ 615-449-4975, e-mail: ddeering@cumberland.edu

Assumption of Risk and Parental Consent

Player's Name: _____ Parent's/Guardian's Name: _____

Emergency Phone No: _____

Assumption of risk and parental consent

I understand that the camper will be engaging in physical activity and therefore contains an inherent risk of physical injury and the undersigned assumes the risk and releases Coach Deering, the volleyball camps/clinic/leagues/schools/tournaments at Cumberland University, the officers, directors, agents, and employees from any and all liability for personal injury arising out of the applicants participation in the volleyball camps/clinic/leagues/schools/tournaments at Cumberland University and other sites

Parent's/guardian's signature _____