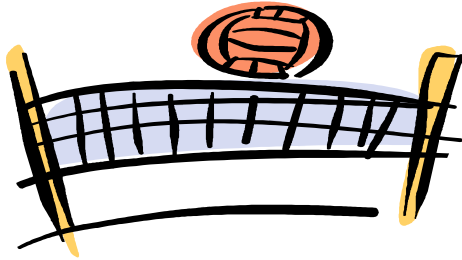


SOLANO COLLEGE VOLLEYBALL CLINICS



2011

Individual Skill Clinics (6th- 12th graders) skill work on fundamentals

Saturday July 23rd (10:30am - 4:00pm) bring sack lunch \$40.00

Saturday July 30th (10:30am - 4:00pm) bring sack lunch \$40.00

Adv. Skills Volleyball Clinic (8th- 12th graders) Get Ready for Try outs!!!

Friday & Saturday August 5th & 6th (10:30am-4:00pm) \$75.00

Bring a sack lunch on both days

Make checks payable to: "SOLANO VOLLEYBALL" - verification will be sent via email.

**MAIL TO: SOLANO COLLEGE
ATTN. Darla Williams - VOLLEYBALL
4000 Suisun Valley Rd.
Fairfield, CA 94534-3197**

CAMP REGISTRATION

Name: _____

Address: _____

City/St/Zip: _____

Phone: _____ cell: _____ Grade Fall 2010: _____

School: _____ **Club Experience:** None 1yr. 2-3yrs., 4+ yrs. (circle one)

***Email address: _____

Insurance Info: Company: _____ Policy # _____

PARENT RELEASE: I hereby waive and release Solano College, Camp Director & coaches from all liability for any injuries incurred while participating in the volleyball camp for which my child is registering. I recognize the inherent risks of my child's participation, and I assume full responsibility for all injuries. I authorize the camp director or instructors to act for me according to their best judgment in any emergency requiring medical attention. I have read the above information in this flyer and agree to its content.

Participant Signature _____

Guardian Signature _____ **Date:** _____

