



# Youth Volleyball Program

Who: Girls ages 10-16

When: Sundays from 4:15PM – 5:45PM

Sept. 30 – Nov. 18 (8 weeks)

Where: Wetsel Middle School Gymnasium

Cost: \$75.00/person

Instructor: Lindsay Von Herbulis



## Program Design:

This program will teach basic volleyball skills necessary for competitive play. Participants will learn forearm and overhand passing, setting, serving, blocking and methods of attacking (spiking, tipping, etc.). Participants will also learn basic defensive and offensive positioning. The first half of each session will be dedicated to learning and practicing skills. The second half will consist of competitive play where participants will focus on skills taught in the first half.

This program is progressive. Each week will focus on a new skill with the most complex skills and information taught in the final weeks of the program.

No experience is necessary. No equipment is required, but participants may want knee pads and a water bottle.

Participants will register as either Advanced or Beginner/Intermediate. Participants will be accepted on a first-come first-serve basis at each level.

Participants will receive a t-shirt – be sure to specify T-shirt size on their registration form.

Please contact Coach Lindsay Von Herbulis at [lindsay.mcparksrec@gmail.com](mailto:lindsay.mcparksrec@gmail.com) for more information.

Registration forms and payment can be given to Coach Von Herbulis or to the Parks and Recreation office by 9/28/18.



# Madison County Parks and Recreation

## Youth Sports Registration

Sport: Youth Volleyball If Applicable: Boys' or Girls' or Co-ed Team (circle one)

Beginner/Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_ T-shirt Size (specify Y or Adult) \_\_\_\_\_

### Participant's Information:

First name: \_\_\_\_\_ LastName: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone: \_\_\_\_\_

Gender: M / F Years of Experience: \_\_\_\_\_ Last Club/Team: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Other information that may help with draft: \_\_\_\_\_

### Parent/Guardian's Information

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email Address:(Preferred) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: (if different from above) \_\_\_\_\_

I am interested in: Coaching \_\_\_\_\_ Asst. Coaching: \_\_\_\_\_ Other (Specify) \_\_\_\_\_

### Emergency Contacts:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### REMEMBER: THIS PROGRAM IS FOR CHILDREN!

For the opportunity to be a part of this program I understand that I am responsible for my conduct and my child's conduct at all times. I will not berate, curse, defame or confront a coach, participants, other coaches, umpires or referees, or anyone associated with the youth program or allow my child to do so. Parent/Guardian is responsible for following the rules and regulations of a suspension from the participant's school. The Participant will not be allowed to participate in Madison County Recreation Authority Programs/Sports/Events if they are suspended after school hours from their school or excluded from extra-curricular activities due to their suspension from their school. I understand that if I violate any of the above, I can be suspended from being at practices/games by the sport's commissioner. I am WAIVING and RELEASING all claims for myself and my minor child/ward (participant) arising out of such registration and participation.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registered By: \_\_\_\_\_ Fee Collected: \_\_\_\_\_