



Youth Volleyball Program

Who: Girls ages 10-16

When: Sundays from 4:15PM – 5:45PM

February 25 – April 29 (8 weeks)

2/25, 3/4, 3/11, 3/25, 4/1, 4/15, 4/22, 4/29

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 svonherb129@gmail.com for more information.

Registration forms and payment can be given to Coach Von Herbulis or to the Parks and Recreation office by 2/23/18.



**This is not a Madison County Public Schools Sponsored Activity

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:** _____