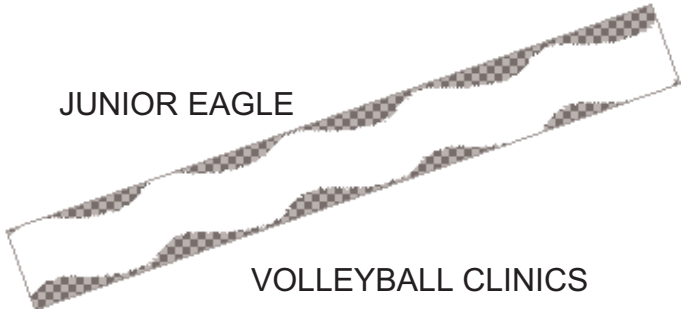


JUNIOR EAGLE



VOLLEYBALL CLINICS

**REGISTRATION:**

Checks payable to UW-La Crosse.

Send or deliver to:

UW-La Crosse

Athletic Camps & Clinics

25 Mitchell Hall

La Crosse, WI 54601

Questions can be answered by calling:

(608) 785-8170 or (608) 785-6544

or for more information or to register

online, visit our website at:

**www.uwlcamps.com**

**WHEN:**

Sundays

March 29th, 2009

April 5th & 19th, 2009

**WHERE:**

UW-La Crosse Gymnasiums

located in Mitchell Hall.

**STAFF:**

UW-L Eagle Volleyball Coaches

and Student-Athletes.

**WHO:**

**Grades 2-9 Clinics**

**6:00-8:00 pm**

Learn and play volleyball with UW-L student-athletes and coaches. Each session will include an instructional section followed by mini-games and competitions. Concentration on individual skill training and volleyball fun.

**\$35/player for all 3 sessions**

**Includes: T-shirt, skill training, mini-games, competitions, and great role models.**

**WHO:**

**Grades 9-12 Clinics**

**6:00-7:00pm Setter Training**

**7:00-8:00pm Hitter Training**

Two different clinic options each focusing on the technique and tactics necessary for success in the position. Participants will have opportunity for video evaluation.

**\$25/player for all 3 sessions.**

**Includes one T-shirt/player, skill training, and video evaluation.**

Limited to first 10 registered/session.

Position training sessions coached by

Head Coach Sheila Perkins.



(Return along with full tuition)

**UW-L JUNIOR EAGLE VOLLEYBALL CLINICS**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

School: \_\_\_\_\_

Check the Clinic(s) you are registering for:

Grade 2-9 Clinic \_\_\_\_\_ (\$35)

Setter Training \_\_\_\_\_ (\$25)

Hitter Training \_\_\_\_\_ (\$25)

Total \_\_\_\_\_

T-shirt size: Circle one

Youth: M L Adult: S M L XL

I hereby authorize the staff of the UW-L Eagle Volleyball Clinics program to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the clinic, its' staff, and the University of Wisconsin- La Crosse from any and all liability for any injuries or illnesses incurred while at the clinic. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the clinic program.

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



University of Wisconsin-La Crosse  
1725 State St.  
Athletic Camps & Clinics  
25 Mitchell Hall  
La Crosse, WI 54601

Non-profit Org.  
U.S. Postage  
**PAID**  
La Crosse, Wis.  
Permit No. 545

## UW-LA CROSSE JUNIOR EAGLE VOLLEYBALL 2009

UW-La Crosse is an affirmative action/equal opportunity employer and is in compliance with Title IX and Section 504. Advise us at time of registration if you desire special accommodations. Requests will be kept confidential.



## JUNIOR EAGLE VOLLEYBALL

March 29th, 2009  
April 5th & 19th, 2009

ALL GIRLS  
GRADES 2-12

JOIN THE FUN!  
PLAY YOUR  
SPORT!

