



MERRITT ISLAND VOLLEYBALL CLINIC

July 23rd - 25th

Grades 4-6 8:00 – 11:00 AM

Grades 7-9 12:00 – 3:00 PM

LOCATION – MERRITT ISLAND HIGH SCHOOL GYM

Mail or email Registration Form To:
Angie Patrick 100 E Mustang Way
Merritt Island, FL 32953
OR email form to: mivbcoach@outlook.com

What to Expect:

- The morning session: will focus on teaching all skills and doing fun drills and competitions! We will take things slower and make sure athletes understand and can perform the basic fundamentals to the best of their ability. Team spirit day is Thursday.
- The afternoon session: will focus on fundamentals, position specialization and game-like drills. There will be scrimmages and player awards. Team spirit day is Thursday.

****We will help get athletes ready to be their best at high school and/or club tryouts!****

Any questions, please contact Coach Patrick at mivbcoach@outlook.com

Players will need to wear shorts, t-shirt (no tank tops) and athletic shoes. Kneepads are suggested and we will have a limited supply on sale. All players must bring a water bottle.

Registrations received after July 1st will not be guaranteed a T-Shirt

CLINIC DIRECTOR ANGIE PATRICK, HEAD COACH MERRITT ISLAND HIGH SCHOOL
COURT COACHES- HIGH SCHOOL COACHES, COLLEGE PLAYERS AND CURRENT HIGH SCHOOL VARSITY VOLLEYBALL ATHLETES

PLEASE REGISTER AS SOON AS POSSIBLE IN ORDER TO SECURE A SPOT. WE TYPICALLY SELL OUT QUICK.

****Cash payment accepted at the door, however, you must be pre-registered to secure a spot. ****

Visit our website islandvolleyballclinics.com for more information and to see what we are all about!

First Name

Last Name

Address

Emergency Contact Name

Phone

Email

T-SHIRT SIZE (Adult)

S

M

L

XL

(Youth)

S

M

L

XL

School

Grade

SESSION (AM): ____ (PM): ____

Do you grant permission to post photos of your player online?
Yes or No

FEES

1 Player Fee: \$100

Includes Camp T-Shirt

Cash payment dropped off to school or at the door (no checks)

OR

Pay online and make note of your player at:

cape-coast-volleyball-club.square.site (3% Fee)

MEDICAL RELEASE

I _____ understand that there are risks associated with strenuous physical exertion and with this event. I hereby assume all risks associated with this event and I hereby waive, release, and discharge any and all claims for damages, personal injury of any kind which may hereafter occur to me or to any person as a result of my participation in this event. This waiver and release shall be binding on my heirs and assigns, and shall run in favor of Coach Patrick, Merritt Island High School Volleyball players/coaches, Merritt Island Volleyball or anyone else connected with this event.

Signature

Date