



MERRITT ISLAND VOLLEYBALL

CLINIC

July 27th -29th

Grades 4-6 8:00 – 11:00 AM

Grades 7-9 12:00 – 3:00 PM

LOCATION – MERRITT ISLAND HIGH SCHOOL GYM

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.
- The afternoon session: will focus on fundamentals, position specialization and game-like drills. There will be scrimmages and player awards.

****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), athletic shoes (no vans) and Volleyball Kneepads. All players must bring a water bottle.

Registrations received after July 1st will not be guaranteed a T-Shirt
\$10 Late Registration fee at the door if available space

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.

Visit our website islandvolleyballclinics.com for more information

MAIL REGISTRATION FORM TO:
Angie Patrick 100 E Mustang Way
Merritt Island, FL 32953

PARTICIPANT INFORMATION

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

Send with Registration a **CHECK** or **MONEY ORDER** made out to: **CAPE COAST VOLLEYBALL CLUB**

OR: PAY ONLINE AT:

WWW.CAPECOASTVOLLEYBALL.COM (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 _____