



Summer Sessions

Wimberley Athletic Club

VOLLEYBALL Clinic on Sundays (2) & Wednesdays (3)

At the High School - BRIDGES GYM - CLINIC COACHES WILL BE:

TEXAS STATE BOBCATS VOLLEYBALL PLAYERS & WAC COACHES

- * **For CURRENT 7th-12th graders** (we will separate into groups by skill level)
Concentrating on advanced skills and drills.

- * ***Begins on Wednesday June 5th Ends on Sunday June 23rd***
NO CLINIC ON SUNDAY, JUNE 16th – Happy Fathers Day!

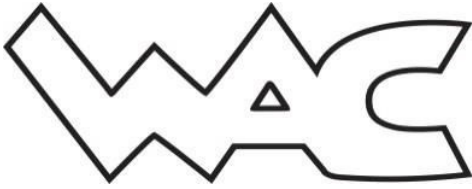
4-5:30 pm on Sundays & 4-5:30 pm on Wednesdays

\$200.00 (payable to: WAC) **DEADLINE: Wednesday June 4th** (\$25.00 late fee)
OR \$45.00 per session **INCLUDES A CLINIC T-SHIRT** (minimum of 3 sessions for a t-shirt)

- * **REGISTER:** COACH GILLMAN @ WJHS, COACH BARTHELIS @ WHS, mail to: WAC 2214 Flite Acres Rd.
OR ACE HARDWARE IN THE WHITE WAC MAILBOX - More info: *Gary "Catfish" Pigg: 512-771-1600, (catfish@wacball.net)*

NO BEGINNERS! THIS CLINIC WILL MOVE FAST. NO WHINING-NO REFUNDS

*** PLEASE NOTE: LIMITED SPACES AVAILABLE ***



Wimberley Athletic Club

2019 WAC Summer Sessions

Players Name _____ Phone _____ Grade _____

Parents/Guardians Name _____ email _____

Players T-Shirt: (circle size) **ADULT** S M L XL or **YOUTH** S M L

WAIVER OF LIABILITY: I attest that my child, _____'s physical condition & fitness are adequate for a safe competition, that no doctor or other qualified individual has advised me against entering in this "clinic/camp". I understand that my child is participating on a voluntary basis. I hereby release any claim for damages that my child or I have against Wimberley Athletic Club (WAC) or Wimberley Independent School District (WISD), any of the officials; agents and/or representatives resulting from the negligence of said listed parties. I hereby fully authorize the hospital, EMS and/or the physician selected by WAC or WISD designees to medically treat my child in my absence. I've read this form and understand that by signing this form, I'm giving up legal rights and remedies and agree that the terms of this waiver are binding on the child and me.

Signature _____ Date _____

**SESSIONS (\$45 per) #1 6/5 #2 6/9 #3 6/12 #4 6/19 #5 6/23 = \$ _____ OR
ALL 5 = \$200.00**

NOTE: Minimum of 3 sessions for a clinic t-shirt _____

INDIVIDUAL SESSIONS ARE VERY LIMITED, FIRST COME- FIRST SERVED