



THE COURTS VOLLEYBALL CLUB

Ron Hoffman, Director

www.thecourtsvbc.com

402-850-3105

ronvbhoffman@cox.net

2018 Summer/Fall Volleyball Training

All training sessions and clinics conducted at:

The Courts Volleyball Training Facility; 8930 So. 137th Circle; Omaha, NE 68138

1 SUMMER ALL-SKILLS TRAINING

(Mondays)

June 4th thru July 2nd

5:30 PM to 7:00 PM

(5 Weeks / 5 Training Sessions)

(For athletes ages 8 – 14)

2 FALL ALL-SKILLS TRAINING

(Mondays)

July 30th thru August 27th

5:30 PM to 7:00 PM

(5 Weeks / 5 Training Sessions)

(For athletes ages 8 – 14)

SATURDAY SKILL CLINICS

(10:00 AM to 12:00 PM)

HITTING & ATTACKING

June 2

July 28 (Revised 5/17)

SERVING & PASSING

June 23

August 11

TRAINING SESSION COST

SESSION 1: SUMMER All-SKILLS TRAINING

\$150

SESSION 2: FALL All-SKILLS TRAINING

\$150

SATURDAY SKILL CLINICS

\$35 per Clinic Session OR \$120 Pre-Register for All 4 Clinic Sessions

ABOUT OUR COACHES

Ron Hoffman

Facility and Club Director; Club Coach

Ruth O'Callaghan

3-Time All-American at Nebraska-Omaha; Member, Nebraska-Omaha Sports Hall of Fame; Member of 1990 U.S. National Volleyball Team; Former Professional Indoor Volleyball player, NVA

Melissa Kreierleber

Former Middle Blocker at the University of Missouri

Molly Rose – Former Setter at William Woods University

Sara McClinton – AVCA/Big-12 Honorable Mention All-American Outside Hitter - University of Kansas; Professional indoor player – Philippines (2015)

Tanya Cate

2-Time All-American at Nebraska-Omaha; Member of 1996 DII National Champion Volleyball Team; Member, Nebraska-Omaha Sports Hall of Fame;

Michelle Pettit

Former Defensive Specialist – Nebraska Wesleyan

Molly Pettit

Former Defensive Specialist - Midland University

Rachel Bullie – Clinician and Club Coach

Jen Runte – Clinician and Club Coach

Andy Husein – Clinician

Abi Heller – Clinician

(Additional coaches with junior club and high school coaching experience, as needed.)

*****WINTER ALL-SKILLS AND TEAM SYSTEMS TRAINING*****

3 Progressive Training Sessions Beginning November 9th

Details will be posted on The Courts VBC Website: www.thecourtsvbc.com

THE COURTS VOLLEYBALL CLUB

TRAINING REGISTRATION FORM - Summer/Fall 2018

TRAINING SESSIONS	DATES	COST	SELECT
SESSION 1 - <u>SUMMER ALL-SKILLS TRAINING</u> <u>MONDAY Only</u> (5 Sessions) 5:30 PM TO 7:00 PM (Ages 8 – 14)	6/4, 6/11, 6/18, 6/25, 7/2	\$150	<input type="radio"/>
SESSION 2 - <u>FALL ALL-SKILLS TRAINING</u> <u>MONDAY</u> (5 Sessions) 5:30 PM TO 7:00 PM (Ages 8 – 14)	7/30 8/6, 8/13, 8/20, 8/27	\$150	<input type="radio"/>
<u>SATURDAY SKILL CLINICS</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <u>Training Times</u> 10:00 A.M. To 12:00 P.M. </div> <div style="width: 40%;"> Hitting / Attacking Serving / Passing Hitting / Attacking Serving / Passing </div> </div>	6/2 6/23 7/28 8/11 All 4	\$35 \$35 \$35 \$35 \$120	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

Make checks payable to "*The Courts VBC*"
 Mail To: **The Courts VBC**
c/o Ron Hoffman
15574 Shirley Circle
Omaha, NE 68144

TOTAL AMT \$ _____

Name _____ Grade _____ Age _____

Address _____

City _____ State _____ Zip _____

Parent(s) Name(s) _____

Phone Number(s) _____ E-mail _____

(Please Print Clearly)

Emergency Contact/Number(s) _____

Parent/Guardian Consent:

I, the parent/guardian of _____, hereby certify that the named player is physically able to participate in The Courts Volleyball Club (operated by T-5 Volleyball LLC) and I know of no restrictions, physical impairments, or any other facts, which will in any manner limit his/her participation in such program. I hereby authorize the staff of The Courts and The Courts VBC to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive, absolve, indemnify, and agree to hold harmless, the RDW Holdings, Inc - The Courts Volleyball Training Facility, and The Courts VBC, its staff, coaches, and participants for any and all liability for any injuries or illnesses while at the training sessions. I give permission for the named participant to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me before taking this action. I hereby waive and release the Staff and Management of RDW Holdings, Inc. - The Courts Volleyball Training Facility, and The Courts VBC, its staff, coaches, and participants from any liability for any injury or illness incurred while at the training sessions. I UNDERSTAND THAT THERE IS RISK OF INJURY TO THE NAMED PARTICIPANT AS A RESULT OF PROGRAM ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during the program or resulting from an injury received at the program's sessions. My medical insurance shall be the insurance coverage for any medical treatment.

PARENT SIGNATURE

DATE