

The Alameda High School Athletic Boosters are sponsoring summer volleyball clinics for middle-school students in the Alameda area. The clinics will be led by current coaches and players, and will feature 1-on-1 as well as small-group skills development.

Each 2-week clinic (4 sessions) will be structured for middle-school volleyball players in preparation for the middle-school volleyball season.

All sessions will focus on the skills necessary to play volleyball at the middle school level including:

- Passing (bumping/setting)
- Attacks (spiking)
- Serving
- Court positioning
- Awareness

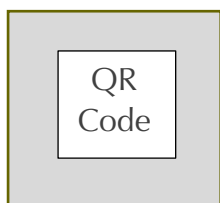
At the end of the clinic, students should have a solid foundation of the skills necessary to participate in a volleyball match.

Attendees should come properly attired and need to bring personal water bottles.

Each clinic will be limited to 18 participants (minimum 12) maximize "touches."

Session schedule
(Tentative and subject to change)

- 6:00 – 6:20 Welcome and warmup
- 6:25 – 6:40 Skills instruction
- 6:40 – 7:10 Skills practice and drill
- 7:15 – 7:45 Game simulation
- 7:50 – 8:00 Cool down



Hornet Volleyball Clinics

Session 1: June 20, 22, 27, 29
 Session 2: July 11, 13, 18, 20
 Session 3: July 25, 27, Aug 1, 3
 (Note: each session is separate)
 Time: 6:00 – 8:00 PM

Location: Alameda High School
 Main Gym

For all (coed) middle-school students
 entering 6th, 7th, or 8th grade

Questions?
pohno@alamedaunified.org
 510-846-0000

Easy signup

Fill out this form, pay with check or credit-card and mail to:

Alameda High School Athletic Boosters
 PO Box 1166, Alameda, CA 94501

	Amount
One Session - \$150	
Two sessions - \$275	
Three sessions - \$375	
Total	

Please indicate your session choice(s).

- Session 1: June 20, 22, 27, 29
- Session 2: July 11, 13, 18, 20
- Session 3: Aug 1, 3, 8, 10

Make Checks Payable to:

AHS Athletic Boosters
 Memo: Hornet Volleyball Clinics
 Child's name & Grade (Fall 2023)

Credit Card:

Visa _____ MasterCard _____
 CC# _____
 Expiration _____
 Security Code: _____ (3-digit code)

Name: _____

Address: _____

City: _____

Zip: _____

Phone: _____

Email: _____

School and grade: _____

Emergency Contact: _____

Emergency Phone: _____

Allergies: _____

Med Insurance Group: _____

Med Insurance #: _____

Physician's Name: _____

Physician's Phone #: _____

I hereby authorize the AHS Athletic Boosters Volleyball Clinics staff to act for me according to their best judgement in any emergency pertaining to my child, named within. If an injury or medical emergency occurs during the camp, camp staff has my express permission to administer or authorize the administration of urgent or emergency care, including the transportation of the student to an urgent-care or emergency care provider. I understand, acknowledge and agree that the Alameda High School Athletic Boosters, its camp staff, volunteers, committees and boards shall not be liable for any injury/illness suffered which is incident to and/or associated with preparing for and/or participating in this activity and I voluntarily assume all risk, known or unknown, of injuries, howsoever caused, even if caused in whole or in part by the action, inaction, or negligence, of the released parties to the fullest extent allowed by law.

Parent or Guardian Name:

Signature:

Date:
