

# Northview Volleyball Junior/Beginners Clinic



## **HIGHLIGHTS**

- **Work with current and former Northview Players and Northview Coaches**
- **Improve individual and team skills**
- **Meet other people who want to learn volleyball skills just like you.**
- **Have FUN!!**

This camp is for any beginning volleyball player interested in learning the basics of volleyball. Participants must be in at least the 6th grade to participate. However, participants can also be in high school if they are new to volleyball. Different skill level groups will be made.

## **INFORMATION**

**Who :** Beginning Volleyball Players—6th Grade and Up

**When/Time :**

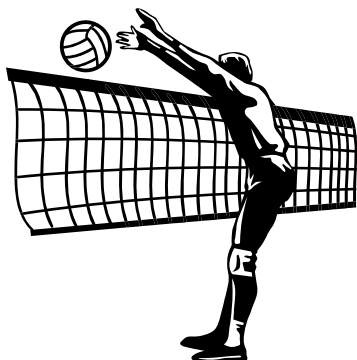
April 19th (4:00—6:15),

April 20th (4:00—5:30), and

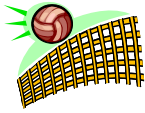
April 21st (4:00—6:15)

**Where:** Northview High  
School Gym

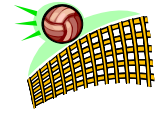
**Cost:** \$30



Questions Call—Betty Heaton (850)327-6681 or  
Email [Bheaton@escambia.k12.fl.us](mailto:Bheaton@escambia.k12.fl.us)



Northview Junior and Beginners  
Clinic      Waiver of Claims and Liability  
Release Form



Name: \_\_\_\_\_

AGE: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Make checks payable to:  
Northview High  
School Mail to:  
Northview High  
School  
Attn: Betty Heaton  
4100 W Hwy 4  
Bratt, FL 32535

Release Form: Parent/Guardian must sign if student is under 18

In consideration of acceptance, I, intending to be legally bound for myself, my heirs, executors, and administrators, do hereby waive and release all rights and claims for damages I may either have against Northview High School or its representatives and/or assignees, for any and all damages which might be sustained by me in connection with my participation or entry in this clinic on April 19 - 21, and which may arise out of my traveling to, participating in, or returning from the clinic. In the event of illness or injury, Northview High School is authorized to obtain any medical care or treatment deemed necessary, per student's release form.

Signature (if under 18 legal guardian)

\_\_\_\_\_

Date: \_\_\_\_\_

Health Insurance

Company: \_\_\_\_\_

Policy #: \_\_\_\_\_