

# Penn State Fayette 2009 Youth Volleyball Clinic



For girls entering grades 1-9

All players will be grouped by age and/or skill to achieve a challenging clinic for every participant.

**Saturday, July 25**

**9:00 a.m.-3:00 p.m.**

At Penn State Fayette's  
Main Arena in the Community Center

Directions to campus can be obtained at: [www.fayette.psu.edu](http://www.fayette.psu.edu)

**Cost: \$20, includes pizza lunch**

Pre-registration is strongly suggested. An e-mail confirmation with additional clinic information will be sent on Thursday, July 23.

*For more information, contact head coach Nancy Wheeler at [njw8@psu.edu](mailto:njw8@psu.edu).*

Please complete the attached registration form and mail it with a check made payable to *Penn State Fayette Continuing Education* to the address found at the bottom of the registration form. Thank you!

*Come out and become part of the fantastic sport of girls volleyball!*

Improve your volleyball skills, learn more about the game, and meet new friends. Instruction will be given by experienced collegiate coaches, high school coaches, and collegiate and high school players. Parents are welcome and encouraged to stay and watch their child participate.



**THE EBERLY CAMPUS**

**This publication is available in alternative media on request.**

Penn State encourages persons with disabilities to participate in its programs and activities. If you anticipate needing any type of accommodation or have questions about the physical access provided, please contact Jan Jordan at 724-430-4211 in advance of your participation or visit.

Penn State is committed to affirmative action, equal opportunity, and the diversity of its workforce.

U.Ed.FE09-149



**WAIVER AND REGISTRATION FORM FOR 2009 YOUTH VOLLEYBALL CLINIC**

I, the undersigned, individually and as a parent(s) and legal guardian(s) of \_\_\_\_\_, a minor, ask that he/she be admitted to participate in Penn State Fayette, The Eberly Campus' 2009 Youth Volleyball Clinic on July 25. In consideration of such admission, I do agree to release, discharge and hold harmless the Pennsylvania State University, its officers, agents and employees of and from all courses, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance in this activity, or in the course of activities held in connection with this event.

I hereby consent that photographs taken of the student named above or quotations that he/she provides during this activity may be reproduced in advertising, publications, press releases, promotional e-mail campaigns, and Web sites, and other promotional materials for The Pennsylvania State University. In giving this consent, I release the photographer and The Pennsylvania State University from responsibility for any violation of personal or proprietary right I may have in connection with this use.

*Please Print:*

Student's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Height: \_\_\_\_\_ Volleyball Position (If known): \_\_\_\_\_

Volleyball Team Experience: circle one: Yes No

If yes, list teams: \_\_\_\_\_

Other Sports Teams Played (circle all that apply):

Basketball Baseball/Softball Soccer Cheer Other \_\_\_\_\_

Parents E-mail Address: \_\_\_\_\_

Parents'/Legal Guardians' Emergency Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Other Names and Emergency Phone Numbers (These contacts should be able to take or pick up someone in case of emergency.)

Name(s): \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

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

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

Print Name of Parents/Legal Guardians: \_\_\_\_\_

Signature of Parents/Legal Guardians: \_\_\_\_\_

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

**Please mail this registration form, along with a with a check made payable to Penn State Fayette Continuing Education (\$20 for each student registering), to:**

Jan Jordan, Office of Continuing Education,  
Penn State Fayette, The Eberly Campus, PO Box 519, Uniontown, PA 15401