



Winfield Recreation Council

Volleyball Clinics

Mondays - 5 Sessions

WRC Volleyball Clinics

Monday, October 21st – November 18th, 2019

Mount Airy Elementary School Main Gym

6:00 – 6:45 pm: Beginner (age 8-13) - \$75

7:00 – 8:30 pm: Intermediate

(age 10-17 and 1 yr exp)- \$125

Check-in: 15 minutes prior to start time

Write checks to: Winfield Rec Council

Mail to: Stacy Trivett

WRC Volleyball Clinics

4224 Iroquois Drive

Westminster, MD 21157

Questions: stacy.trivett@gmail.com

Emergency Contact: 443-871-4860

Registration: To register, please mail registration form and payment below or email Clinic Director/Head Coach Stacy Trivett. You will receive an email confirmation. Registration will close on 10/20/19.

Who can participate?: Any girl between the ages of 8-17 can participate in our volleyball clinics. No experience necessary! Learn a new sport, perfect your existing skills, or prepare for Club or High School Tryouts! Our Beginner clinics are designed for younger girls who are new to the sports. Our Intermediate clinics are designed for girls with 1-2 years of experience.

What should I wear/bring?: Please wear athletic “court” shoes and athletic clothing that you can move, bend and run in. Knee pads are recommended but not required. Please also bring a large water bottle and healthy snack each day.

What will I learn? We will focus on the fundamentals of volleyball through a series of drills and game like situations. Each session will focus on a different skill set with review of previously learned skills. You will learn individual skills such as forearm passing, overhead passing/setting, spiking, blocking, and serving as well as game skills including serve receive, offense, and defense.

Who are my coaches? This clinic is being sponsored by the **South Carroll High School Volleyball Program**. There will be a low coach-to-participant ratio with our experienced coaching staff and current and former players.

Coach Stacy Trivett, Program Director has 10 years volleyball coaching experience. She offers a variety of clinics and personalized coaching through Speedy Volleyball. Coach Stacy has coached for South Carroll High School, Liberty High School, Carroll Vipers Volleyball Club (CVVC), and Freedom Volleyball. She has been a competitive player for over 30 years.

Current and Former High School Volleyball Players will volunteer to demonstrate skills and mentor our participants providing them with personalized attention and one-on-one instruction.

The Americans with Disability Act applies to the Carroll County Government and its programs, services, activities and facilities. Anyone requiring an auxiliary aid or service for effective communication or who has a complaint should contact the Department of Citizen Services at 410-386-3600, 1-888-302-8978, MD Relay 7-1-1/1.800.735.2258 as soon as possible but no later than 72 hours before the scheduled event.



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Participant's Name: _____ **Age:** _____

Grade (2018-19): _____ **School:** _____

Participant's Volleyball Experience: _____

Participant's Favorite Position(s): _____

Level (circle): Beginner Intermediate

Parent's Name: _____

Parent's Email: _____

Parent's Phone: _____

Emergency Contact Name and Phone (Other than Parent listed above):

Primary Care Physician: _____ **Phone:** _____

Date of most recent Tetanus Immunization: _____

Past Injuries/Illnesses: _____

Current Medical Conditions: _____

Current Medications: _____

Please print and sign Waiver on next page.

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Waiver

The undersigned, being a parent or legal guardian of the child requesting clinic admittance, does hereby affirm the applicant is in good health, and suffers from no illness, disability, or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity.

The undersigned hereby expressly agrees to be responsible for any medical bills incurred in the treatment of any illness or accident. In the event of any such accident or injury, I hereby consent to allowing any of the clinic supervisors to procure any medical treatment deemed advisable on behalf of my child or ward without prior consent. No medical insurance is provided by South Carroll High School, Stacy Trivett, Speedy Volleyball, Clinic Coaches, or Carroll County Public Schools.

I, the parent/guardian of the child listed below, give permission to WRC Volleyball Clinic Coaches to authorize or administer medical attention to my child if they deem it an emergency during clinic activities. This includes first aid treatment and transport to the hospital when warranted.

I understand every effort will be made to contact me first or as quickly as possible.

I understand that as a condition of admittance as a participant, the undersigned, on behalf of all parents, and guardians, and on behalf of the applicant, hereby release SCHS Volleyball, Stacy Trivett, Terry Viergutz, Volunteers, Carroll County Public Schools and all other employees or agents of the clinic from any and all liability from injury or illness, mental or physical, suffered by the participant during or related to the clinic, unless caused by willful act or gross negligence by the person or entity against whom the claim is made.

Participant's Name (please print): _____

Primary Care Physician: _____ **Phone:** _____

Parent / Guardian Signature: _____ **Date:** _____

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