



DUNWOODY VOLLEYBALL JR. WILDCATS PROGRAM

Who? Girls Rising 4th – 8th Graders
When? March 12th – March 28th (Every Mon/Wed)
6pm to 7:30pm
Where? Peachtree Charter Middle School Gym

Cost: \$95 per player

To Register – Return flyer to:
Leslie Rothberg at
5392 Redfield Circle
Dunwoody, GA 30338

Checks Payable to: **DHS Volleyball**

Head Coach - Vivienne Pierre
(770) 876 0670 or email: coachvpierre@gmail.com

Lead Instructor - Brent Bridger
(678) 687-1898 / vballteamcamps@gmail.com

What to Bring: Proper Shoes, shorts, and t-shirt. Also please bring a water bottle. No earrings or watches! Bring a smiling face and a positive hard working attitude. Our sessions are designed to teach proper volleyball mechanics in a fun, safe, and learning environment.

We will utilize individual and group drills and competitions to maximize reps while giving quality feedback and challenging you to improve and learn. The training environment will challenge the kids to do their best in every drill and skill because we believe that there is no substitute for hard work and a great attitude. Our training environment also provides a ton of individual attention for overall skill improvement.

Each participant will receive a t-shirt and a packet that contains drills, fun facts, and upcoming information for the summer & fall of 2012 at DHS.

Registration Form

Name: _____

Home Phone: _____ Grade: _____

Address:

Phone: _____

Email: _____

Emergency Contact Name/Number:

_____ / _____

T-Shirt Size: _____ DOB: _____ / _____ / _____ Cash or

Check: # _____

Make Checks Payable to: ___DHS Volleyball _____

Waiver of Liability: I/We the undersigned hereby certify that I (we) am (are) the parent(s) or legal guardian(s) of the athlete. I (We) hereby give permission for the Volleyball Camp Staff to seek appropriate medical attention for the athlete and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment, [except for that covered by the club's excess medical coverage policy.] I/We, the undersigned for ourselves, our heirs, executors and administrators waive, release and forever discharge Dunwoody High School and Staff, Volleyball Team Camp, its staff, officers, directors, board members, coaches, agents, employees, representatives and successors and assigns of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participating in volleyball activities, whether damages, injury or loss are due to negligence. I/We hereby acknowledge that our child is physically fit and mentally capable of participating in volleyball and volleyball related activities.

Signature: _____ Date: _____

