

# VOLLEYBALL FUN CLINIC

MONDAY AND WEDNESDAY EVENINGS  
OPEN TO ALL GIRLS entering grades 6-12

**DATES: JUNE 20, 22, 27, 29. JULY 11, 13, 25, 27. AUGUST 1, 3, 8, 10.**



**TIME: 6:00pm - 8:00pm PLACE: COGINCHAUG GYM**

**FEE: \$140.00 FOR THE SUMMER SESSIONS**

**Sponsored By: Durham Recreation**



**DRILLS AND SKILLS OF VOLLEYBALL**

Director: SEAN MCKEAN, Coginchaug Volleyball Coach  
[cogvb@gmail.com](mailto:cogvb@gmail.com) (860-227-4746)

Mail Registration To: Durham Recreation, P.O. Box 428, Durham, CT 06422  
Durham Recreation Office 860-343-6724

STUDENT NAME \_\_\_\_\_ CELL# \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_

\_\_\_\_\_ Entering Grade \_\_\_\_\_

\_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_

E-Mail \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

PHONE# \_\_\_\_\_

Please list any medical problems concerning your Student, including allergies or medications:

\_\_\_\_\_  
\_\_\_\_\_

I hereby give permission for the above Student to participate in the Durham Recreation YOUTH Volleyball Clinic. Sponsored by the Durham Recreation Department. I certify that he/she is in good health. I have listed above any allergies, conditions and or medications that the program personnel should be aware. I further authorize the Durham Recreation staff to act for me according to their best judgment in any emergency requiring medical attention in the event that I cannot be located. In case of injury I understand that I am responsible for all financial liabilities.

Parent  
Signature \_\_\_\_\_ Date \_\_\_\_\_