



KEEP THIS PAGE FOR YOUR RECORDS



The Kenton County School District
Elementary Volleyball Program
4th and 5th Grade Girls and Boys
2018

The Kenton County Elementary Volleyball Program is proud to be in their ninth season. We are excited to give Kenton County students an opportunity to improve their volleyball knowledge and skills.

Students are offered the opportunity to work with volleyball coaches and players to learn the fundamentals necessary to compete in a volleyball match with standard form and movement. These skills will enable players to play at a recreational level or enable them to pursue an interest in more competitive volleyball.

This 8-week program is focused on teaching students basic volleyball skills and techniques through 4 weeks of clinics and then giving them the opportunity to use those skills learned and apply them in game settings the last 4 weeks.

We are asking for parent volunteers for the entire 8-weeks. Parents will be able to help coach games after the 4 weeks of instruction. We also encourage each player/participant to be at all of the clinics each week to make sure they learn the basics of volleyball and may be placed on teams with similar skills.

Cost: \$30 – includes weekly instruction, games and t-shirt

4 weeks of Clinics

Introduction and instruction of fundamentals and basic techniques of volleyball

- 🏐 Week One: (Week of March 12th) – Passing: form and introduction to the key elements of the game
- 🏐 Week Two: (Week of March 19th) – Passing, Setting: form and technique
- 🏐 Week Three: (Week of March 26th) – Faster paced team-oriented passing drills, Serving: form and technique
- 🏐 Week Four: (Week of April 2nd) – Passing drills, Hitting: approach, technique, Serving, Rotation

4 weeks of Games

- 🏐 **Week of April 9-Spring Break-No Games!**
- 🏐 Week Five: (Week of April 16th- Games
- 🏐 Week Six: (Week of April 23rd) – Games
- 🏐 Week Seven (Week of April 30th) – Games
- 🏐 Week Eight (Week of May 7th) – Games

My child is attending the following clinic:

- Summit View Academy - Monday 4:00-5:15 or 5:30-6:45
- Twenhofel- Monday 5:00-6:15 or 6:30-7:45
- River Ridge - Tuesday 4:30-5:45 or 6:00-7:15

**You will not receive any confirmation notice
Keep this page for your reference**





The Kenton County School District Volleyball Registration 2018



Registration: Each participant must complete this form and return to their school office along with payment of **\$30.00 (checks made payable to your school)**.

**Payment and a copy of the Proof of Insurance must accompany this registration.
Deadline for entries Friday, March 2nd. No exceptions!**

Questions should be directed to your school's Athletic Coordinator.

Student Name: _____ Grade: _____

Gender: _____ School your child attends: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Other emergency contact: Name & Number: _____

Does your child require emergency medication? If yes, please explain:

Previous Volleyball Experience: _____

Shirt Size (Please circle one)

Youth Size shirts: Medium (10-12), Large (14-16)

Adult Size Shirts: Small, Medium, Large, XLarge, XXLarge

Please circle One: Clinic Site and Time

Summit View Academy: Monday 4:00-5:15 **OR** Monday 5:30-6:45
Site Coordinators: Rebekah Saylor

Twenhofel Middle: Monday 5:00-6:15 **OR** Monday 6:30-7:45
Site Coordinators: Kelsie Holland and Amy Marx

River Ridge: Tuesday 4:30-5:45 **OR** Tuesday 6:00-7:15
Site Coordinators: Allison Stacy

The following individual is interested in volunteering to assist with the clinic:

Name: _____ Phone: _____

I understand that this clinic is for enjoyment and instruction and will hold myself and my child to the highest standards of sportsmanship. I have also completed the additional form regarding insurance and medical issues.

Parent/Guardian Signature: _____ Phone: _____

**THE KENTON COUNTY SCHOOL DISTRICT
ATHLETICS PARTICIPATION
RELEASE OF LIABILITY FORM**

Board policy requires that students participating on school sponsored athletic teams must have medical insurance. Students will not be allowed to participate in practices, try-outs, or games until proof of insurance is provided to the school.

Families are encouraged to review their current health insurance policy to assure that the coverage is adequate. Students without medical insurance must purchase the insurance plan offered through the school before they will be permitted to participate.

In addition to providing medical insurance, parents/guardians must also assume responsibility for any other expenses that may result from an accident or injury during extracurricular activities.

If a student does not have medical insurance coverage, the parent/guardian may contact the school for information on how to purchase coverage.

Student's Full Name (Please Print)

School student attends

Parent/Guardian Signature

Date

Volleyball Clinic Location – circle one:

Summit View Academy

Twenhofel

River Ridge

Please list any medical issues or allergies your child may have that the volleyball coordinator needs to be aware of:

Please attach a photocopy of proof of insurance