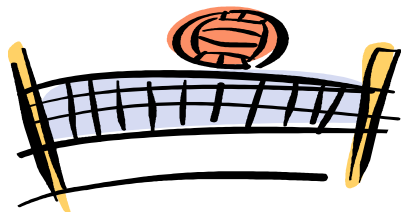


# SOLANO COLLEGE VOLLEYBALL



# 2017

**Skill Clinics** (5<sup>th</sup>- 9<sup>th</sup> graders) Focus is on individual work & all skills!!!

Monday July 24 <sup>th</sup> (10:00am - 12:30pm)	Focus: Serving & Passing	\$40.00	<input type="checkbox"/>
Tuesday July 25 <sup>th</sup> (10:00am - 12:30pm)	Focus: Setting & Hitting	\$40.00	<input type="checkbox"/>
Wednesday July 26 <sup>th</sup> (10:00am - 12:30pm)	Focus: Defense, blocking & games	\$40.00	<input type="checkbox"/>

ATTEND ALL THREE DATES: \$120 (save \$20) \$100.00

Coach Williams: [Darla.williams@solano.edu](mailto:Darla.williams@solano.edu)  
( flyer on web site: <http://www.solano.edu/athletics/volleyball/> )

Make checks payable to: **"SOLANO VOLLEYBALL"** - *your registration confirmation will be sent via email. Please mail Registration Form & Payment to:*

SOLANO Community College  
Attn. Head Coach, Darla Williams - VOLLEYBALL  
4000 Suisun Valley Rd.  
Fairfield, CA 94534-3197

## **CAMP REGISTRATION** – *Registration in Advance is Preferred! Clinics fill up, so don't wait.*

Name: \_\_\_\_\_

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

City/St/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Grade Fall 2017: \_\_\_\_\_

School: \_\_\_\_\_

Email address: \_\_\_\_\_ (print clearly- I send reminders)

Health Insurance Info: Medical Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**PARENT RELEASE:** I hereby waive and release Solano College, Camp Director & coaches from all liability for any injuries incurred while participating in the volleyball camp/clinics for which my child is registering. I recognize the inherent risks of my child's participation, and I assume full responsibility for all injuries. I authorize the camp director or instructors to act for me according to their best judgment in any emergency requiring medical attention. I have read the above information in this flyer and agree to its content.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

