

# Missouri Southern Volleyball



Presents



## 2012 Volleyball School

**First Session**

Volleyball School will introduce and develop each of the basic skills of volleyball (serving, passing, setting, attacking, blocking, and setting). Each session will be run by **Missouri Southern Head Coach Trish Knight, Assistant Coaches Austin Warren and Karla Gaines**, and a number of the Missouri Southern Volleyball players.

Cost \$60.00 (checks written to **MSSU Volleyball**)

Dates: February 27
March 5
March 12
March 26

Junior High (3<sup>rd</sup> -6<sup>th</sup> grades): 6:00-7:30 p.m. in Leggett & Platt Gymnasium

High School (7<sup>th</sup> - 9<sup>th</sup> grades): 7:30-9:00 p.m. in Leggett & Platt Gymnasium

Please detach and return the information below ASAP. **We are limiting each session to 60 athletes.**

For details and online registration go to **[www.mssuvolleyballcamps.com](http://www.mssuvolleyballcamps.com)**

Or, contact Trish Knight (417.274.3925) or Austin Warren (417.718.4066)

Return registration form to:

MSSU Volleyball 3950 E. Newman Rd. Joplin, MO 64801
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Name: \_\_\_\_\_ Grad Year: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Parents' Names: \_\_\_\_\_

By signing below, I give permission for my child to participate in Missouri Southern State University (MSSU) Volleyball Clinics. I recognize these activities will involve strenuous activity and certify that the Participant is fit to engage in an activity of this sort. I recognize the risks that are inherent in the activities proposed for this activity. In case of an emergency involving the Participant, I understand that the MSSU staff will make all reasonable attempts to contact me at the supplied telephone number. If MSSU is unable to contact me, I hereby authorize MSSU, or nurse/physician selected by MSSU, to hospitalize and/or secure proper treatment for the participant. I, therefore give my approval for the Participant's participation in all activities at MSSU and assume all risks and hazards incidental to such participation and do, for myself, my heirs, executors and administrators, waive, release, indemnify, and forever agree to hold harmless MSSU, its staff, officers, agents, representatives, sponsors, advertisers, coaches, teams, volunteers, employees, heirs, successors, and assigns of and from any all rights and claims for dangers resulting from injury to person or property which may be sustained or occur during participation in MSSU activities, or arising from traveling to and from activities scheduled by MSSU, whether said damages, injury or loss is due to negligence or not.

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_