



ARHS Athletic Boosters Club

Algonquin Volleyball

All Skills Clinic 2021

- Who:** Girls, of all skill levels, entering grades 6th – 9th
- When:** Monday, August 16th to Thursday, August 19th
- Time:** 9:00 a.m. to 12:00 p.m.
- Where:** Algonquin Regional High School, Northborough, MA
- Coaches:** Algonquin Varsity Volleyball Players

The Clinic

This clinic is designed to introduce girls of all skill levels, to the competitive game of volleyball. Through this clinic girls will learn skills, positions, strategy, and teamwork all while having fun and meeting the Algonquin Volleyball team and other girls interested in the sport. No special equipment needed, a court type shoe is recommended and knee pads are completely optional. Be sure to bring plenty of water.

Fees & Registration:

\$125 per participant

Sibling Rate - \$75 (\$50 discount for each sibling)

Registration is limited and filled on a first come, first serve basis. This payment covers all clinic fees and a T-shirt for each participant. Proceeds will benefit the ARHS Volleyball Boosters Club.

Please Register by Aug 2nd to receive a T-Shirt – (After this date, we will do our best to accommodate, but we cannot guarantee all campers a T-shirt)

PLEASE REGISTER ONLINE AT:

<https://arhsvballcamp.ticketleap.com/2021/>

If you have any questions or prefer not to register online, please email:

arhsvball@gmail.com

If you prefer to mail a check, please complete this form and mail check (payable to ARHS Boosters) to Carla Dobosh, 8 Southwood Drive, Southborough, MA 01772

First Name: _____ Last Name: _____ Grade _____

Street Address: _____

State: _____ Zip: _____ Email: _____

Primary Phone Number: (____) _____ Secondary Phone Number: (____) _____

Emergency Contact: _____ Emergency Phone Number: (____) _____

Relationship: _____ Payment Amount: \$ _____

T- Shirt Size (Adult): XS S M L XL (please circle one)

Medical Conditions (allergies, medications, injuries):

The above participant has my permission to participate in the clinic program above. In case of emergency, I understand every attempt will be made to contact person(s) above. If contact is unsuccessful, I give my permission to the attending physician to render medical treatment to the participant, including (if necessary) hospitalization. Any expense arising from injury or illness is the responsibility of the person signing below.

Signature: _____ Date: _____