

***Atomic! Volleyball Elementary Program***

**1st – 5TH GRADE GIRLS**

**6 Sundays from Jan 6th – Feb 17th, 2019**

\_\_\_\_\_\_\_\_\_\_\_\_( no clinic on Jan. 27) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location of Program: Brownstown Sports Center**

**Address: 21902 Telegraph Rd, Brownstown, MI 48183**

**Program Details:** This is the 6th season of the elementary program. It is designed to teach the fundamentals of volleyball in a fun, player-centered atmosphere. The program is a great way to introduce volleyball to the novice player as well as continue the development of young individuals who have already started playing the world’s greatest team sport.

The athletes will be placed with other athletes of similar ability and grade level.

**Please bring:** Court shoes, knee pads (if possible) and workout clothes, water bottle, good attitude.

**Cost**: $75 includes a t-shirt (payable to Atomic! VBC)

**Coaches:**

**Coach Dennis Yack**, Atomic! Volleyball Director **Coach Halee Dorn**, Atomic! 12u Coordinator/Coach

* Former head Varsity VB coach at Woodhaven HS \* Former 4 year Varsity VB player at Riverview HS
* 22 years coaching experience at HS/MS/AAU \* 1 year coaching experience at the AAU level
* 26 years playing competitive volleyball \* Plays VB at Henry Ford College
* 10 years Middle School Math teacher

**Time**: 4:00PM - 5:00PM

***Mail Registration form and check to: Atomic! VBC, P.O. Box 1381, Southgate, MI 48195***

**Questions: atomicvbc@gmail.com or call/text Coach Yack at 734-934-4064**

**Like us on facebook**

----------------------------------------------------------------------------------------(keep to portion for your records)------------

**Registration Form 🡪 Atomic! Elementary Program (January 6 – February 17)**

Athlete’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email (print clear) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Level (Fall of 2018) \_\_\_\_\_\_School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shirt Size (youth) \_\_\_\_\_

I hereby authorize the staff of the Atomic! VBC to act on my behalf according to their best judgment in any emergency requiring medical attention if I cannot be reached. I, further, waive and release the Atomic! VBC and its staff from any and all liability for the injuries or illnesses incurred while involved in this camp. I have no knowledge of any physical impairment that would keep the above named athlete from full participation in this camp.

Parent or guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2018 Fall Elementary Clinic

