



# Sláinte

## Sláinte Volleyball Club – Summer Advanced Session II

~ Participants should be in the 8<sup>th</sup> grade or older ~

Sláinte Volleyball Club will be holding Advanced Summer Session II for the dates listed below:

- Sunday, August 1, 2010 from 2:30pm – 5pm
- Monday, August 2, 2010 from 6:30-9pm
- Wednesday, August 4, 2010 from 6:30-9pm
- Sunday, August 8, 2010 from 2:30pm – 5pm
- Monday, August 9, 2010 from 6:30-9pm
- Wednesday, August 11, 2010 from 6:30-9pm

Training will include:

- Serving techniques, including float, core and jump serving
- Passing techniques emphasizing footwork, movement and passing on serve receive
- Setting with an emphasis on footwork and hand positioning
- Approach and Hitting, with an emphasis on hitting against a block
- Blocking, with emphasis on footwork and directional blocking
- Defensive movement and positioning
- Conditioning, agility, and jump training
- Playing in a team environment

**Practice Location: Hillsdale High School, 3115 Del Monte Street, San Mateo, CA 94403.** (Please park on 31<sup>st</sup> Avenue and go to the small gym in the back.) San Mateo Union High School District is a smoke-free zone. Absolutely no smoking on campus.

### Sláinte Personal Liability Release and Waiver Form

I, (print name of participant) \_\_\_\_\_ understand that my decision to participate in the Sláinte Volleyball Skills Clinic is entirely voluntary. While I participate in Sláinte’s volleyball clinic, I fully accept the responsibility and assume the risk of any injury or damage suffered by me, either directly or indirectly.

With my signature below, I hereby release, discharge, and hold harmless Sláinte Volleyball Club and Sacred Heart Cathedral Preparatory from any and all liability for any injuries or illnesses incurred at this clinic. I and my parent and/or legal guardian have read and understand this Release and Waiver. I am signing this Release and Waiver voluntarily and understand that it is legally binding.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

#### Sláinte Volleyball - Registration Form

- \$ 140 for all 6 Advanced Sessions
- \$ 35/individual session

~ Please make check payable to **Sláinte Volleyball Club**.  
~ If you would like to charge via credit card, please contact Nga Tran.

**Contact Person(s):**

~ Nga Tran at 415.595.3039, [slaintedirectors@gmail.com](mailto:slaintedirectors@gmail.com)

**If you are mailing a payment, please send it to:**

Sláinte Volleyball Club  
P.O. Box 320395  
San Francisco, CA 94132

\_\_\_\_\_  
Name

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Date of Birth

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School

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