

# WWU Volleyball

## Spring Clinic

K - 8<sup>th</sup> Grade

**PROGRAM:** All girls, Kindergarten - 8<sup>th</sup> grade, are invited to participate in an instructional clinic sponsored by volleyball William Woods University Coach Ashley Nehls and the Owls volleyball team. The 5 session clinic is designed to provide girls, who are interested, the opportunity to play and improve skills. Develop knowledge, fundamentals and have FUN.

**FORMAT:** Sunday afternoons and Thursday Evenings

**STYLE:** 3<sup>rd</sup> grade & under will play on 5 ft nets using a beach ball (adapted rules will apply). 4<sup>th</sup>-5<sup>th</sup> grade girls will play on a 6 ft net using a light weight training volleyball. 6<sup>th</sup>-8<sup>th</sup> grade girls will play on a regulation net with a regulation volleyball.

---

## VOLLEYBALL

### REGISTRATION FORM

(PLEASE PRINT)

NAME \_\_\_\_\_

GRADE \_\_\_\_\_ AGE \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_ email \_\_\_\_\_

SCHOOL \_\_\_\_\_ HT. \_\_\_\_\_

**DIVISION** (circle one)

D 1  
K - 3<sup>rd</sup>

D 2  
4<sup>th</sup> - 5<sup>th</sup>

D 3  
6<sup>th</sup>-7<sup>th</sup>-8<sup>th</sup>

NOTE: May play up one division. All divisions final.

**T-SHIRT SIZE:** CHILD or ADULT -- S M L XL  
(Circle One) (Circle One)

**COACHES/INSTRUCTORS:** Will be coached by WWU Volleyball Staff and players.  
Instruction and fundamental skills will be taught as play resumes.

**FEE:** \$50 - Includes T-Shirt

**REGISTRATION DEADLINE MONDAY, APRIL 2**

**DATES:** April: 5\*, 8, 12\*, 22, 26\*

**TIMES:**

Thursday Nights\*-

(K-3) - 5:00-6:00 pm

(4-5) - 5:00-6:30pm

(6-8) - 6:00-7:30 pm

Sunday Afternoons -

(K-3) - 1:30 - 2:30 pm

(4-5) - 1:30 - 3:00 pm

(6-8) - 3:00 -4:30 pm

**PLACE:** William Woods Gymnasium (Helen Stephens Sports Arena)

**FOR MORE INFORMATION, CALL:**

**COACH ASHLEY NEHLS**

794-7169 ---Cell (voice mail)

Email: Ashley.nehls@williamwoods.edu

**SEND REGISTRATION & FEE TO:**

**COACH ASHLEY NEHLS**

William Woods University

1 University Ave

Fulton, MO 65251

**EXPERIENCE** - Please circle each that applies

Beginner / Rec. League \_\_\_\_\_ yrs. / USAV-Club Team \_\_\_\_\_

Competitive 8<sup>th</sup> Grade / Intramural 7<sup>th</sup> Grade

**PARENT RELEASE:** We, (or I), hereby request that you accept the application for enrollment of \_\_\_\_\_ in the WWU Spring Volleyball Clinic, and hereby release the Clinic and their employees from all claims on account of any injuries which may be sustained by our, (or my), daughter while participating with the volleyball clinic, and its employees for any claim which may be hereafter presented by our, (or my), daughter as a result of any such injuries.

DATE \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_

**MEDICAL CERTIFICATION**

I hereby certify that \_\_\_\_\_ is physically fit to participate in an active volleyball league.

DATE \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_

Who to contact in case of emergency:

1) Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**REGISTRATION FEE:** \$50 Family Rate: \$30 for each additional daughter  
(example: 2 girls = \$80; 3 girls = \$110; etc.)

\* Checks Payable to: Ashley Nehls/ WWU Volleyball