Emergency Information

| Mother's Name | _ |
|--|---|
| Father's Name | - |
| Emergency Contact Phone Numbers (cell) | |
| | - - |
| Medical Concerns: | |
| | - |
| This event is not snonsored or endorsed by t | - - the Roard |
| This event is not sponsored or endorsed by to of Education of Frederick County, FCPS or ATTENTION PARENTS: | school. |
| I agree that in case of an accident involving while attending this clinic I release the Linga leyball Clinic and its staff from any and all li understand every precaution will be taken to safe environment and authorize the camp st for me according to their best judgment in the my child needs emergency medical attention more, I understand the Linganore Volleybad DOES NOT provide medical coverage and the responsibility to do so. | nore Vol- ability. I provide a taff to act he event a. Futher- all Clinic |
| Parent Signature D | ate |

Medical Insurance Company



"Every
accomplishment starts
with the decision to
try"

-Unknown

Linganore Athletic Boosters

Attn: Andrea Poffinberger Linganore High School 12013 Old Annapolis Road Frederick, MD 21701

Phone: 301-471-9315

Andrea.Poffinberger@fcps.org

LINGANORE MIDDLE-SCHOOL VOLLEYBALL CLINIC

May 21st-24th, 2018 3:30-5:30 in the Auxiliary Gym



Sponsored by Linganore Sports Boosters



Mission Statement

The goal of this clinic is to promote the game of volleyball and to help and encourage young women to improve their skills.

Andrea Poffinberger

- Co-Director
- Varsity Volleyball Coach: 2 Years
- Junior Varsity Coach-12 Years

Lauren Schoelen/Gracie Ruble

- Co-Director
- JV Volleyball Coach

Assistance from LHS Volleyball Athletes

- -Maddie France -Reagan Walsh
- -Rachael Moravansky
- -Others to help depending on availability

Clinic Information

Age: Current 6th through 8th grader

When: May 21st-24th, 2018

Time: 3:30 to 5:30 PM

Where: Linganore High School 12013 Old Annapolis Road Frederick, MD In the Auxiliary Gym

Contact: Andrea Poffinberger Email— andrea.poffinberger@fcps.org Cell- (301) 471-9315

Clinic Activities:

- Instruction: Forearm pass/ Overhand Passing/ Overhand serving/ Hitting
- Offensive Positioning
- Defensive Positioning
- Games: 3 on 3/ 4 on 4/ 6 on 6
- Tournament Competition

What to Bring:

- Knee pads (optional)
- Athletic clothing
- Tennis shoes
- Water

Registration Form

2018 VOLLEYBALL CLINIC

At LINGANORE HIGH SCHOOL

Please fill out BOTH sides of this form and mail it along with payment, payable to

LINGANORE SPORTS BOOSTERS-VOLLEYBALL

Please be sure to include parent signature.

Linganore Sports Boosters Attn: Andrea Poffinberger Linganore High School 12013 Old Annapolis Road

COST: \$100 submit by May 1 \$130 after May 1

Frederick, MD 21701

Sibling Cost (for next child) \$75

Participant Information

| Name | |
|---|--------|
| Address | |
| City, State Zi | _ p |
| Contact Phone Number | |
| E-Mail Address | |
| CURRENT GRADE T-shirt Size S M Lg XL (Adult Size | es) |