

LADY LINER YOUTH VOLLEYBALL

Come learn to play volleyball -- April 10- May 29, 2018

Lady Liners Youth Volleyball is for 5th-8th grade girls interested in learning the game of volleyball. LLYV will teach basic fundamentals to new players and work on advanced volleyball skills and game IQ for returning players. Program sessions will break players into groups based on a combination of age and skill set. The goal of the LLYV is to prepare players for future school teams and club volleyball.

LLYV is a non-competitive, instructional program, that provides athletes with the proper fundamentals and helps develop a love of the game.

Program Dates: **Tuesdays 4:00-5:30pm**
Place: PHS Gym

April 10-May 29
Program Fee: \$40.00

Beginner Focus

- Passing/defense platform & footwork
- Setting basics
- Attack technique - arm swing & approach
- Overhand serving basics

Returning Player Focus

- Attacking technique
- Defense strategy, floor skills and digging
- Serve & Serve receive
- Blocking footwork
- Player rotations & Game IQ



We look forward to seeing you on the court!

Please complete the attached Player Registration Information form and Emergency Contact / Consent Form. Please mail both, with an enclosed \$40.00 check, payable to Phillipsburg Volleyball to **306 Bradford Lane, Bloomsbury, NJ 08804** -- before **March 28**.

Questions? Call Beth Rooney 908 619 7101.



LADY LINER YOUTH VOLLEYBALL

PLAYER REGISTRATION INFORMATION

Player Name: _____

Address: _____

Phone: _____ Email: _____

School | Grade _____

EMERGENCY CONTACT | CONSENT FORM

I give my consent and approval for the above-named student to participate in the Phillipsburg Lady Liner Volleyball Developmental Program April 10-May 29, 2018. I also give my consent and approval for the above-named student to be treated and cared for by a hospital emergency room staff in the event of an injury/emergency. I understand that the Town of Phillipsburg, the Phillipsburg School District, and program coaches and/or volunteers are not responsible for injuries incurred while participating in the program. I further acknowledge that the above-named student is in good health to participate in the aforementioned program.

Signature of Parent / Guardian

Emergency Contact Name

Parent/Guardian Phone Number

Emergency Contact Phone Number

Insurance Information

Do you have medical insurance? Yes No

If yes, Subscribers name _____

Policy Number _____

Group Number _____

Any medical condition or concerns? _____

Mail this completed form, along with an enclosed \$40.00 check, payable to Phillipsburg Volleyball to, 306 Bradford Lane, Bloomsbury, NJ 08804 -- before March 28. Questions? Call Beth Rooney 908 619 7101.