



# 2019 Prairie Powerhawks Clinic

5<sup>th</sup> and 6<sup>th</sup> Graders

**Dates:**

Monday	Nov. 18 <sup>th</sup>	7:30-8:30 pm
Monday	Nov. 25 <sup>th</sup>	7-8 pm
Monday	Dec. 2 <sup>nd</sup>	7-8 pm
Tuesday	Dec. 10 <sup>th</sup>	7-8 pm
Tuesday	Dec. 17 <sup>th</sup>	7-8 pm

All practices take place at Prairie Creek.

**Cost: \$30**

Includes t-shirt, coaching, equipment, and insurance

*This is a fun opportunity to learn volleyball skills. If you have a conflict with any clinic, feel free to join us on the days that fit your schedule.*

*Current players in our program will assist in coaching.*

**Bring this completed form with money to the first practice to register.**

**Please do NOT mail this form.**

If you have any questions, e-mail Lynnette Stecklein at [lstecklein@crprairie.org](mailto:lstecklein@crprairie.org).

----- **REGISTRATION FORM** -----

NAME \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_ GRADE \_\_\_\_\_

ELEMENTARY SCHOOL \_\_\_\_\_ TEACHER \_\_\_\_\_

E-MAIL \_\_\_\_\_

T-SHIRT SIZE    YS       YM       YL       AS       AM       AL       (CIRCLE ONE)

**Liability Waiver**

This form **MUST BE SIGNED** in order for a player to participate.

I hereby release and forever discharge all sponsors of Prairie PowerHawks Volleyball League, including but not limited to College Community Schools, their agents, servants, and all persons connected with this program, of and from any and all rights, whom I am approving participation in the Prairie PowerHawks league program.

Participant's Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_