

Volley School Training Registration Form

Name \_\_\_\_\_ Grade \_\_\_\_\_  
Parent's/Guardian's  
Names \_\_\_\_\_  
Contact Tel (\_\_\_\_) \_\_\_\_\_ 2nd Tel (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

**COLLEGE BOUND VOLLEY SCHOOL**

The following must be signed by a parent or legal guardian for registration to be accepted.

**Parental Release/Hold Harmless Agreement.**

I/We, the parent/guardian of \_\_\_\_\_ hereby give my/our permission for her participation in any and all activities of the Volleyball Form & Technique Training Programs. I/We, our heirs, executors and administrators do hereby waive, release, absolve, indemnify and forever discharge Coach Ib, Coach Ib's Volleyball Form & Technique Training programs, Club North Volleyball, its directors, staff from all claims for damages, injuries, or loss to a person or property which may be sustained during participation in training activities or while at the training site whether or not damages, injury, or loss is due to negligence. I/We understand that participation in this training program will require physical activities of a nature which could result in injury to participants. I/We further acknowledge that she is physically able to participate in training activities and hereby authorize her participation in the training program. I/We agree to allow my child to be treated by a certified athletic trainer or physician (if necessary) and to assume all costs related to such treatment.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Insurance Co. \_\_\_\_\_  
Policy \_\_\_\_\_

Any medical restrictions or limitations as certified by a physician should be noted below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ABOUT SKILLS TRAINERS**

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**Coach Ib**—Director/Lead Skills Instructor for the Volleyball Skills Training Academy. Coach Ib spent 15 years as Head Coach at Pittsburg State University where he led the Gorillas to 6 NCAA Tournaments with several team members earning All-America honors. Participant's can expect to benefit from his training in the areas of efficient form and technique for ball control in all positions along with intelligent decision making during team play. **Coach Ib will directly lead this College Bound Training.**

**College Bound Summer Volley School**

- Capped at 18 Participants
- Efficient Individual Form & Technique Training to improve Ball Control in Specialist Skills Areas
- Advanced Offense & Defense Focus
- Reading & Decision Making Required for College VB
- VB Specific Speed/Agility/Quickness Conditioning
- Classroom Video Evaluation to provide Visual Feedback to accelerate participant's progression

**2019 TRAINING SCHEDULE**

- Sun. June 2, 9, 16, 23 at 9—11am
- Fri. June 7. Fri. July 12 at 8:30—10:30am
- Sun. July 7, 14 at 9—11am

**TRAINING FACILITY**

Club North Facility, 5110 NW Waukomis Drive, Riverside, MO

**TRAINING FEES**

\$200 total per participant for all 8 sessions **OR \$40 per session for 5 sessions.**

- Mail completed form with \$50 non-refundable deposit. Deposit will be deducted from total fees. Total fees will **be due 1st day of training.**
- Payment should be made to: **Coach Ib Volleyball**  
5913 NW Creekview Dr, Parkville, MO 64152  
Please call 620.249.6380 or email vbtrainer@aol.com for more information.

**No refunds will be given due to facility and coaching commitment.**



**COLLEGE POTENTIAL  
& COLLEGE BOUND  
SUMMER VOLLEY SCHOOL**

