

ABOUT THE LEAD TRAINER

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Coach Ib—Director of the Volleyball Form & Technique Training Academy 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 competition. Players transitioning from 13’s to 14’s age group will particularly benefit from this training.

Form & Technique Training Volley-School for those going into 14’s Age Group in 2019/20 Club Season

- 12-15 Participants only—Small Group Focus
- Efficient Individual Form & Technique Training to improve Ball Control in all Specialist Skill Areas
- Reading and Decision Making
- Advanced Offense & Defense Focus
- VB Specific Speed/Agility/Quickness Conditioning
- Classroom Video to provide Visual Feedback to accelerate participant’s progression

TRAINING SCHEDULE & LOCATION

- Mon, June 17, 24. Mon. July 8, 15. 3—5pm
- Wed. June 19, 26. Wed. July 3, 10, 17. 3—5pm
- Fri. June 21. 3—5pm

Location: Club North Facility, 5108 & 5110 NW Waukomis Drive, Riverside, MO 64151

TRAINING FEES

\$250 total per participant

- Mail completed form with \$60 deposit. It will be deducted from total fees. Total fees will **be due by 1st session unless previous arrangement is made.**
- 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 due to facility and coaches commitments.

Name _____ Grade _____
 Years of Club Volleyball Experience _____
 Parent's/Guardian's Names _____
 Contact Tel (____) _____ 2nd Tel (____) _____
 Email _____

HIGH POTENTIAL TRAINING—14U

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



SUMMER VOLLEY SCHOOL 13's Going to 14's Age Group In 2019/2020 Club Season

**** Must Have 1 Year Minimum of
 Club Volleyball Experience to Enroll.
 OR Have Prior Approval ****

