

**Andover Volleyball Pre-Season Practices
Grades 9-12 – Grade entering in Fall 2019**

@ Andover Community Center

Thurs., Aug. 1: 6:30-8:30pm (YMCA); Mon., Aug. 5: 6:15-8:15pm (OVMS);
Wed., Aug. 7: 6:15-8:15pm (OVMS); Thurs., Aug. 8: 6:15-8:15pm (OVMS)

The cost is \$5 per player per practice or \$20 for all four practices. The cost covers court time fees and a small stipend for Coach Manka's time and expertise (and any other specialty coaches he brings in).

These practices are organized by Dave Manka. Dave has Division I, II, and III College coaching experience as well as high school experience. He is currently the 17-1's coach for Northern Lights Volleyball Club and he has earned two national championships while at NL's. Dave has coached some of the best players to come out of the state of Minnesota. Courts will be divided up based on ability level and individualized specialization will be the focus for players who have a strong fundamental skill base.

The intent is to provide you with an inexpensive opportunity to prep for the upcoming season. Comparable camps at other locations are \$40 or more a session. This clinic is an opportunity for a high level of coaching and team building for the 2019 high school season. It is also an opportunity for incoming freshman to participate with the returning high school players and develop friendships that will carry into the halls of Andover High School.

Please make checks payable to: Andover Volleyball Camp and give to the coach at the session(s) you attend.

Please fill out the registration form below and bring it with you to the first practice.

Please check the days you plan to attend:

_____ all four sessions (\$20) **OR**

Pay individually. Please check each individual date you plan to participate. Players may walk in and pay also, but it helps to know numbers ahead of time for coach to player ratio.

__August 1 (\$5)(YMCA) __August 5 (\$5)(OVMS) __August 7 (\$5)(OVMS) __August 8 (\$5)(OVMS)

Name _____ Grade in Fall 2019 _____

Address _____ City _____ Zipcode _____

e-mail address _____ Phone # _____

Emergency Contact _____ Phone # _____

I hereby represent that my child is in good health and may participate and compete in rigorous physical activity. I authorize the Andover Volleyball Clinicians to secure any medical treatment deemed necessary. In consideration of your accepting this entry, I hereby, for myself, my heirs, executors and administrators, waive any and all rights and claims for damages I may have against School District #11 or its representatives, successors, and assigns for any and all injuries suffered by my child or me while a participant or spectator at the activity indicated above. I understand that the Andover Volleyball Program and Andover High School does not provide health insurance coverage for my child

Signature of Parent/Guardian _____ Date _____