



# Volleyball

Saturday Volleyball Clinic  
@ Warren Hills Middle School  
with Christine Drevitch and Craig Green  
7<sup>th</sup> & 8<sup>th</sup> Graders 9:00 – 10:30am\*

Cost is \$48 for 6 weeks, or \$8 per day.

Dates: Saturdays Jan. 6, 13, 27 and Feb. 3, 10\*, 24  
Feb. 10<sup>th</sup> 12:30-2:00pm

\*\*\*\*\*



Registration email: [cdrevitch@washtwpsd.org](mailto:cdrevitch@washtwpsd.org)

Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent name \_\_\_\_\_

Cell \_\_\_\_\_

Parent email \_\_\_\_\_

Make checks payable to and bring to first day: **Christine Drevitch**

I, the undersigned, individually and as a parent and/or guardian of \_\_\_\_\_, a minor, ask that she be admitted to participate in the Volleyball clinic sponsored by Drevitch's Hockey Techniques, and Christine Drevitch, I do hereby agree to release, discharge and hold harmless Drevitch's Hockey Techniques, the employees of from causes, liabilities, damages, claims or demands whatsoever on account of an injury or accident involving the said minor arising out of the minor's attendance at the volleyball clinic or in the course of competition and/or activities in connection with the volleyball clinic. I/we also give Drevitch's Volleyball permission to use any pictures and videos taken during the program for research, instruction, and/or advertising purposes.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_