

VIKINGS IN TRAINING VOLLEYBALL ACADEMY

MARCH 22nd, 23rd, and 25th

AT PARKVIEW HIGH SCHOOL GYM

Presented by the Parkview Volleyball Team & Coaching Staff:

Amber Doolittle – Head Coach

Fr-Varsity Players

The skills academy will cover fundamental volleyball skills including:

passing, serving, setting & attacking.

3rd, 4th & 5th grade girls 5:30-6:30pm

6th & 7th grade girls 6:45-8:00pm

Cost: \$20 (Price includes t-shirt & academy fee)

**EACH PARTICIPANT WILL RECEIVE A
VIKINGS IN TRAINING T-SHIRT!!!**

**WE WILL DO TEMPERATURE CHECKS EACH DAY. PLEASE DO NOT COME IF YOU FEEL SICK, OR BEEN AROUND SOMEBODY WHO HAS TESTED POSITIVE FOR COVID. YOU WILL NEED TO BRING YOUR OWN WATER BOTTLE.*

Complete and detach the registration form below and mail with fee to this address by

Thursday, March 4th

****T-SHIRT SIZES WILL NOT BE GUARENTEED AFTER MARCH 4th****

Parkview High School Volleyball

c/o Amber Doolittle

516 W Meadowmere

Springfield MO, 65807

~Please make checks payable to Parkview Volleyball~

Participants Name _____

School _____

Grade _____

T-Shirt Size (Circle) Youth S M L
Adult S M L XL

Medical Insurance Co. _____

Policy Number _____

Parent/Guardian _____

Address _____

We or I do hereby request that you accept the application of _____ into the Vikings In Training Volleyball Academy. We or I hereby release the Springfield Public School District and all of its employees from all claims on the account of injuries which may be sustained by our or my daughter while attending the Vikings In Training Volleyball Academy, and we or I agree to indemnify the Springfield Public School District and its employees for any claims of injuries to our or my daughter. We or I understand that any participant who does not abide by the rules may be dismissed from the academy with no refund. In the event of illness or injury if we or I cannot be reached, we or I give the consent for medical treatment. We or I will be responsible for any medical or other charges in the connection with our daughter by our own medical insurance.

Home Phone _____

Parent Cell Phone _____

Parent Email _____

*An informational email will go out prior to the academy.