

SDSU Youth Volleyball Clinic

and SDVC Intermediate Skills Evaluation

South Dakota Volleyball Club is a developmental volleyball program based in Brookings, SD. We offer excellent training under experienced coaches. The 2012 Intermediate Club Volleyball season will begin with skill development sessions weekly during the months of January* and February. Team practices will continue with two weekly practices and tournaments in the months of March and April. We encourage any interested player in 4th through 8th grades to attend our clinic and skills evaluation on Saturday, December 8th at 5th Street Gym. An informational parent meeting will be held during the clinic (see grades & times below). If you're interested or want to learn more we encourage you to attend! Also, if you cannot attend, simply contact SDVC on our website at www.southdakotavolleyballclub.com or call 605-693-6165.

This year's clinic and skills evaluation (3rd annual) will be held the morning of December 8th. Participants will receive instruction from SDVC Coaches and athletes. This clinic will focus on the sport of volleyball as a fun, team building activity while providing skill development opportunities. For only \$20, each participant receives: instruction from collegiate and varsity level coaching staff; a gift and a meet and greet with SDSU student-athletes.

Schedule of Events:

(All activities occur at 5th Street Gym, 606 5th St N, Brookings, SD. Please enter the gym through the northeast doors)

- 7:45 am - 8:00 am 4th, 5th, and 6th Grade Clinic Check-in & Registration
- 8:00 am - 10:00 am 4th, 5th, and 6th Grade Volleyball Clinic
- 9:45 am 4th, 5th, and 6th Grade SDVC Parent Information Session
- 9:30 am - 10:00 am 7th and 8th Grade Clinic Check-in & Registration
- 10:00 am - 12:30 pm 7th and 8th Grade Volleyball Clinic
- 12:15 pm 7th and 8th Grade SDVC Parent Information Session

Who we are: South Dakota Volleyball Club is a regional Junior Olympic Organization of North Country Region, USAVolleyball. SDVC is under the direction and guidance of the SDVC Board and receives instruction from South Dakota State Volleyball program. Our coaching staff consists of experienced Junior Olympic coaches, high school coaches, SDSU coaches and athletes.

Pre-Registration for the 2012 Intermediate Clinic is not required. Please fill out this form, and complete the USAV Medical Release Form (page 2), and bring both forms to clinic check-in.

Player Name: _____

Birthdate (mm/dd/yy): _____ Grade in School: _____

Parent(s) Names _____ Contact Phone #: _____

Street Address: _____

City, State Zip: _____

Parent Email _____

Cost of Clinic: \$20.00

Method of Payment: _____ Check (made payable to: SDVC) _____ Cash

THIS FORM IS TO BE CARRIED TO ALL SANCTIONED COMPETITIONS & PRACTICES.



2012-2013 USAV YOUTH & JUNIOR VOLLEYBALL PLAYER MEDICAL RELEASE FORM

This **must** be completed - legibly - and signed in all areas by both the player and his/her parent or guardian. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. *By signing this form the participant affirms having read and agreed to the terms and conditions listed below.*

Club: _____ Team Name: _____ Male Female

First Name _____ Last Name _____ Birth Date _____ Age _____

Primary Contact: Parent or Guardian

Name: _____ Address: _____
City, State & Zip _____
Primary Phone: _____ Alternate Phone: _____

Secondary Contact: Parent/Guardian Other _____

Name: _____
Primary Phone: _____ Alternate Phone: _____

Primary Insurance Co _____ Primary Group/Policy # _____ / _____
Family Physician Name _____ Physician Phone _____

Please elaborate on any medical conditions of which we should be aware:

Please list any medications currently being taken:

In the past 24 month, have you been tested, diagnosed and/or treated for a concussion: Yes No
If yes, provide the date (months and year), who performed the testing/diagnosing/treatment and what was the outcome:

Please list any allergies:

If None, please write None.

Participant Signature _____ Date: _____
(regardless of age):

Participant, _____, has my permission to participate in training, competition, events, activities and travel sponsored by USA Volleyball or any of its Regional Volleyball Associations (RVAs). I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed above. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. I agree to allow the authorized adult team personnel to release this information in the event of a medical emergency to a third party medical provider. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Parent/Guardian Signature: _____ Date: _____

Relationship to Participant: _____

If, during the course of my daughter's/son's activities in volleyball, she/he should become ill or sustain an injury, I hereby **authorize** you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.
Signature: _____ Date: _____
Parent/Guardian

or

I do not authorize emergency medical/dental care for my daughter/son.
Signature: _____ Date: _____
Parent/Guardian