



2019 YELLOWJACKET VOLLEYBALL CLINICS

July 15(9:00 a.m.– 11:00 a.m.)

Jump Serving/Serving/Serve Receive

Cost: \$25

July 15(12:00 p.m.-2:00 p.m.)

Defensive Skills/Libero Clinic

Cost: \$25

July 16(9:00 a.m.-Noon)

Setters Clinic

Cost: \$30

July 16(9:00 a.m.-Noon)

Hitters Clinic

Cost: \$30

All sessions held at:

Mertz Mortorelli Gymnasium on the UW-Superior campus

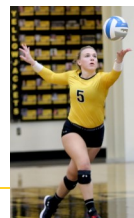
\*ONLINE ENROLLMENT\*

www.yellowjacketcamps.com

MEDICAL FORMS and ASSUMPTION of RISK FORMS MUST BE COMPLETED PRIOR TO PARTICIPATION (forms found online\*)



Enrollment Form



Clinic Session: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_ Grade Next Year: \_\_\_\_\_



Payment Method

- Check (Make payable to: UW-Superior Athletics)
Cash
Credit Card –online only at www.yellowjacketcamps.com

Contact Information: Lynne Deadrick ldeadric@uwsuper.edu 715-395-4612

Release of Liability

By signing below, I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Superior, their officers, employees and agents, from any and all liability, loss damages, or expenses which are sustained, or required arising out of the actions of my dependent in the course of the camp/event.

I understand that the University may take photographs and/or videos of camp participants and activities. I agree that the University of Wisconsin-Superior shall be the owner of and may use such photographs and/or videos relating to the promotion of future camps. I relinquish all rights that I may claim in relation to the use of said photographs.

Parent/Guardian Signature: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Please detach and send enrollment and payment to: UW-Superior Athletics Attn: Women's Volleyball PO Box 2000 Superior, WI 54880