



Coaching Series-\$25.00
July 12th 10:00 AM-2:00 PM

This 4 hour Coaching Series covers the fundamentals of volleyball skills and system training in addition to observation and participation in drilling. This program is open to all high school, grade school and USAV Coaches.

- **10:00AM-12:00PM**
 - Break down and build the core skills: serve, attack, passing, setting.
 - Drills that will reinforce the skill techniques
 - The practice format
- **Systems**
 - Serve Receive-how to put a line up on the floor and maximize your personnel to win
 - Defense options
 - Free Ball Formations
- **12:00-2:00PM**
 - Drilling observation of NKYVC 10-12U Clinics
 - Participation in running courts

All coaches will leave with a coach's guide for future reference.

The Coaching Series will be facilitated by Jill Hunt NKYVC Lead Instructor

Send questions regarding the Coaches Clinic to:
coachingdirector@nkyvc.com

NKYVC Coaching Series

NKYVC is offering a coaching education series Sunday July 12th, 2009 10:00AM-2:00PM.

Registration deadline is July 10th 2009.

Please mail the registration form and payment so handouts and be prepared
Checks made payable to: NKYVC, PO Box 188071 Erlanger KY 41018

NKYVC Coaching Series Fee-\$25.00

Coaching Waiver

Every coach must have a completed waiver to participate in the coaching series.

The coaching series will be conducted at the NKYVC practice facility
Town & Country Sports Complex, Wilder, KY off of 275/AA Hwy 8 minutes from Downtown.

Name: _____ Name of School: _____ Grade Level: _____

Email Address: _____ Phone Number: _____

INSURANCE/MEDICAL INFORMATION AND WAIVER

NAME(S) _____ PHONE _____ IN THE EVENT OF AN EMERGENCY, PLEASE CALL _____ AT THIS NUMBER _____. Family Physician _____ Phone Number _____
Please note any medical condition that NKYVC should be aware of:

I understand that neither Northern Kentucky-Ohio Volleyball Club (NKYVC), Town & Country Sports Complex, nor the staff in charge can be held liable for any accident that may occur during the course of this NKYVC sponsored activity. I also attest to the fact that _____ is covered by insurance through _____ Policy # _____. I understand that financial obligations incurred for medical services resulting from an injury while participating in this activity cannot be borne by the facility, NKYVC, it's staff or the adult(s) in charge.

Signature

Date

NKYVC is one of the premier volleyball clubs in Greater Cincinnati, Ohio Valley Region and the USA.
Visit our website and get to know all about us at www.NKYVC.com.

Have questions about joining NKYVC: nkyvc@fuse.net