



SCHOOL PREP-SERIES: \$250.00 includes 24 hours of high repetition training and a NKYVC T-Shirt

WEDNESDAYS:

4:00 – 6:00 PM (4TH, 5TH AND 6TH GRADERS)
6:15 – 8:15 PM (7TH THRU 11TH GRADERS)

SUNDAYS:

1:00 – 3:00 PM (4TH, 5TH AND 6TH GRADERS)
3:15 – 5:15 PM (7TH THRU 11TH GRADERS)

PREP-SERIES TRAINING FORMAT

- **Core Skills Training** (Passing, Setting, Attacking, Blocking, Serving)
- **Game Situation Drilling**
- **Volleyball Conditioning & Endurance**
- **System Training** (Freeball, Defense, Offense, Serve Receive)

All Sessions will be facilitated by NKYVC Coaches & area club, high school and grade school coaches

Please arrive 15 minutes prior to start time for check-in and warm up. Bring a water bottle.

All sessions will be held at Town & Country Sports Complex – 1018 Town Dr., Wilder, Ky. (AA Hwy exit off 275) www.towncountrysports.com

For more information about:
The Prep Series go to: nkyvc@fuse.net
NKYVC go to: www.NKYVC.com

NKYVC SCHOOL PREP-SERIES

NKYVC is offering a NEW Training Series geared specifically towards preparing the volleyball athlete for their school try-outs. Athletes will practices 2 days a week for 6 weeks beginning May 27th leading up to most school try-outs.

LIMITED SPACE –SIGN UP EARLY!

DEADLINE May 10th

Price \$250.00

TO REGISTER: Step 1. Complete the Registration Form & Medical Waiver below
Step 2. Mail the Registration Form & Medical Waiver with a check for \$250
Made payable to: **NKYVC**

to: **NKYVC, P.O. Box 188071, Erlanger, Ky. 41018**

Acceptance is based on postmark receipt of waiver and payment. Confirmation of acceptance will be sent via email.

SCHOOL PREP-SERIES Registration Form & Medical Waiver
(ALL INFORMATION MANDATORY)

Player Name: _____ Age: _____ Birthdate: _____

Grade: _____ School: _____ Shirt Size: _____

Main Email Address: _____ Phone Number: _____

INSURANCE/MEDICAL INFORMATION AND WAIVER

PARENT/GUARDIAN'S NAME(S) _____
PHONE NO. _____ IN THE EVENT OF AN EMERGENCY, IF YOU ARE UNABLE TO CONTACT ME PLEASE CALL _____ AT THIS NUMBER _____. Family Physician _____
Phone Number _____. Please note any medical condition that coaches should be aware of:

I, the undersigned, do hereby give my permission for my athlete to participate in Northern Kentucky-Ohio Volleyball Club's Summer Prep Series. I understand that neither Northern Kentucky-Ohio Volleyball Club, Town & Country Sports Complex, nor the staff in charge can be held liable for any accident that may occur during the course of this Northern Kentucky-Ohio Volleyball Club 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 received by my athlete 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: email nkyvc@fuse.net