



## VOLLEYBALL CLINIC FUNDRAISER

**WHEN:** Friday, February 21st  
**TIME:** 5:30-7:30 PM  
**WHERE:** Mizuno Club North/KC Premiere Facility  
5108 NW Waukomis Dr.  
Riverside, MO  
**COST:** \$ 30  
**AGES:** 2<sup>nd</sup>-6<sup>th</sup> Grade

**Deadline Wednesday 2/19/2020**

- Players will be divided for training based upon experience, to allow for maximum attention to individual skill needs.
- Focus will be on enhancing/teaching of effective form/technique for attacking, setting, passing, blocking, and overall defensive ball control skills.

**Coached by Karen Gates, Steve Ward and the 13's National Team**

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PayPal: [paypal.me/karengates1189](https://paypal.me/karengates1189)  
Venmo: @kkgates1  
Checks payable to: Karen Gates  
Mail to: Karen Gates, 9832 N. Marsh Ave., Kansas City, MO 64157

If you send payment through PayPal or Venmo please tell me your daughter's name, grade in comments

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parental Release/Hold Harmless Agreement:

I/We, the parent/guardian of \_\_\_\_\_ hereby give my/our permission for her participation in any and all activities of the volleyball camp. I/We do hereby waive, release, absolve, indemnify and forever discharge Karen Gates, Steve Ward and Club North Volleyball from all claims for damages, injuries, or loss to a person or property which may be sustained during participation in training activities or while at the training site whether or not damages, injury, or loss is due to negligence. I/We understand that participation in this training program will require physical activities of a nature which could result in injury to participants. I/We further acknowledge that she/he is physically able to participate in training activities and hereby authorize her participation in the training program.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_