

GIRLS "MINI" VOLLEYBALL CLINIC

APRIL 1 - APRIL 29, 2025

for Girls in Grades 3 - 4

This clinic introduces basic volleyball skills with an emphasis on ball control, movement to the ball, how the game works, and a focus on having fun while learning this life-long sport. Modified matches will also be played during the clinic.

Participants will need:

- a coachable attitude
- pair of non-slip athletic shoes
- water bottle
- ball if you have one



Tuesday..... 6:00pm - 7:30pm

Head clinic instructor is Katie Jansen who brings over 20 years of coaching and playing experience from middle school to college. As a player, Jansen played Division 1 volleyball at UW Green Bay, has participated in ten Adult USA Volleyball National Championships and continues to play regularly. Jansen has coached at Lakeland University (2005-2007), Sheboygan North High School Varsity (2008-2012), Go Fish, Lake Effect Select and South Shore Slam USAV programs, and various other camps and clinics. Coach Jansen hopes to instill a lifelong love for the sport in all athletes. She will be joined by other coaches and high school players. Fee includes a t-shirt.

Space is limited - please register early! Registration deadline is March 30, 2025.

For more information, please contact:

Taylor at 920-451-8000 x121 or tzastrow@sheboygancountymca.org

SHEBOYGAN YMCA 2025 MINI VOLLEYBALL CLINIC

Please return to the Sheboygan YMCA, 812 Broughton Drive, Sheboygan WI 53081

Parent/Guardian _____ Birth Date _____ M F
 Email _____ Phone _____
 Child _____ Birth Date _____ Grade _____ F
 Address _____ City _____ State _____ Zip _____

Hold Harmless Agreement

I hereby agree to waive any claim or liability I may have on the YMCA arising out of use of the facility, and further agree that I will indemnify and save harmless the YMCA from any and all claims brought against the YMCA, its members and volunteers, on account of death, injury, or damage to persons or property received by any persons by reason of the acts or omissions of the users in their use. I also agree to waive any claims against the YMCA, its members and volunteers for injuries or damages that may result from the conduct of other persons, including participants in the program. I understand the above responsibilities and I give permission for myself and/or my child to participate and be photographed in YMCA activities.

Parent Signature _____ **Date** _____

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|---|---|
| <input checked="" type="checkbox"/> Fee | <input checked="" type="checkbox"/> T-Shirt Size |
| <input type="checkbox"/> \$39.00 YMCA Family Member | <input type="checkbox"/> Youth Medium |
| <input type="checkbox"/> \$49.00 YMCA Youth Member | <input type="checkbox"/> Youth Large |
| <input type="checkbox"/> \$59.00 Participant | <input type="checkbox"/> Adult Small |
| | <input type="checkbox"/> Adult Med |

Payment

Cash Check Credit Card # _____ Exp Date _____ 3 Digit Code _____

Receipt # _____ Amount Paid _____ Rec'd By _____ Date _____