

Shamrock Volleyball 2007
REGISTRATION FORM

Check Appropriate Box(es)

- Minimum Registration Fee \$ 60.00
For 7 Nights, \$10 ea additional night
- Full Registration Fee \$ 100.00
For Up to 14 Nights
- Setter Training Only \$ 60.00
- Setter and Clinics add \$ 30.00
- Total to be PAID \$ _____

Checks PAYABLE TO:

SHAMROCK VOLLEYBALL

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Grade Entering in the fall: _____

School Attending in the fall: _____

Age: _____ DOB: _____

PLEASE COMPLETE the
REGISTRATION FORM to the left,
both on the **front and back** of the form.

A copy of your daughters' most recent
physical exam must be presented the first
day of the clinic, or be sent in with the
completed registration form.

Space is limited; payment in full ensures you
a spot in the clinic. Please contact Joe
Reardon regarding family discounts, Feehan
staff discounts or to discuss any other
payment options.

Onsite registration is available however we
recommend you contact Joe Reardon in
advance to confirm there is still space
available in the clinic.

Contact Coach Joe Reardon if you have any
questions regarding the summer clinics.

SHAMROCK VOLLEYBALL

Bishop Feehan High School
Coach Joe Reardon
70 Holcott Drive Attleboro MA 02703

School 508-226-6223
FAX 508-226-7696
CELL 774-406-1482

jreardon@bishopfeehan.com
shamrockvb@comcast.net
www.bishopfeehan.com

CHECK OUT OUR NEW WEB SITE

www.shamrockvolleyball.com

**SHAMROCK
VOLLEYBALL**

**2008 SUMMER
SKILLS CLINICS
and SETTER TRAINING
OPTION**

Monday & Wednesday Night Clinics
GIRLS Entering GRADES 7-12

June 23 until Aug 6
NEW TIME 6:00pm until 8:00pm
GYM OPENS at 5:30

14 GREAT NIGHTS for \$100.00

7 Nights for \$60.00 and pay \$10.00
per night for any additional

**INTRODUCING
SETTER
TRAINING
OPTION**

5pm until 6pm before Clinics
Limited to 14 Athletes

\$60.00 if ONLY attending Setter
Training
\$30.00 additional if attending
Clinics

GENERAL INFORMATION

SHAMROCK VOLLEYBALL SESSIONS & CLINICS are held on the campus of Bishop Feehan H.S. Our primary site is the gym, we will also use outdoor grass courts, the track and our outdoor volleyball nets set up on our tennis courts.



Athletes should arrive ready to participate; appropriate attire includes gym shorts, t-shirt, socks, sneakers and kneepads if you have a pair. Please bring a water bottle it is the summer and we will be working hard.

There are vending machines in the building and we have a CONCESSION STAND with drinks, snacks and VOLLEYBALL APPARELL, GEAR and FOOTWEAR for sale.

SESSION and CLINIC COACHES are coaches from area high schools, former Feehan players, current and former college players and our assistant coaches and councilors are current Feehan players.

CHECK OUT SOME OF THE NEW FEATURES IN 2008

CLINICS 2008

The CLINICS are MONDAY NIGHT and WEDNESDAY NIGHT.

SETTER OPTION from 5pm until 6pm
Limited to 14 Athletes

We will be focusing more on INDIVIDUAL SKILLS.

NEW TIME for CLINICS 6pm until 8pm

Drill stations will be randomly TIVO videoed to provide instant positive feedback.

CAMP SESSIONS 2008

June 23-27 and August 11-15

GIRLS ENTERING GRADES 5-9

Your choice of TWO GREAT weeks. SESSION times have changed we are now starting a half hour earlier at 8:30 and we will finish at 2:30.

As always arrangements can be made for early drop off and when needed late pickup.

NEW INTRO to VOLLEYBALL ½ DAY Youth Camp,

For athletes entering grades 1-4.
Camp will be offered June 23-27.
Contact Coach Joe Reardon as soon as possible for more details.

Shamrock Clinic

Registration Form

should be returned as soon as possible

SPACE is LIMITED Walk in Registration based upon space available

Medical and Insurance Information

Medical Insurance Co. Name

Policy Number _____

Medical forms due by first day of camp

Waiver of Liability

Bishop Feehan H.S. and the Directors and Staff of the Shamrock Volleyball are not responsible for accidents resulting in medical, dental or other expenses. All reasonable effort will be taken to prevent injuries to the athletes. Participants are responsible for property damage and can be sent home without refund for violation of camp and school rules. I certify that the applicant is in good physical condition to take part in Shamrock Volleyball. In addition, I grant the staff of Shamrock Volleyball my permission to seek emergency medical attention for this child if, in their judgment, such attention is warranted and I am not available to grant such permission.

PARENT
Signature _____

Date _____