

Volleyball Clinic with professional



Meg Wolowicz

July 17-18

Skills Clinic (incoming grades 4-8) \$30 per athlete
July 18 5pm-7pm

2 Day Clinic (incoming grades 9-12) \$60 per athlete
July 17 & 18 9am-4pm

Mission Statement: Provide an environment that will challenge individuals, small groups and teamwork through: individual skill development, small group development and Team Skill development.

These clinics are open to any female looking to improve their game.

MEG WOLOWICZ

Throughout my athletic career, I have been fortunate to experience more than I ever could have imagined: from qualifying for the final eight in the Wisconsin volleyball state tournament, to being a part of a qualifying team for the NCAA Division 1 volleyball tournament, to participating at an Olympic try-out training camp then to playing professionally in Brno, Czech Republic, Cheseaux, Switzerland and Tenerife, Spain. These were some of my best moments, not all were positive though, two shoulder surgeries and hours and hours of rehab, filled with doubt about my playing future, for example, were tough. I will share my experiences with you and your team and will present drills that I have used to help my career move in an upward pattern.

2023 Spain's Queen Cup Champions



Please turn in the registration, injury waiver form, and money (checks payable to School District of Manawa) to the front office by **JUNE 1**. Any forms turned in **AFTER** the date will have a \$10 late charge. Any athlete can show up on the day of the clinic with a waiver of liability filled out and **\$40 or \$70** until 24 athletes are signed up.

Player Sign Up

Name of Participant: _____

Home Address: _____

Phone Number: _____

Any Health Issues of Concern: _____

Emergency Contact: _____

Relation to Athlete: _____

Phone Number: (____) _____

Parent/Guardian Signature: _____

Date: _____

REMEMBER: Don't forget to send a check, written out to the **School District of Manawa**, with your registration and waiver! **IF AFTER JUNE 1**, you need this registration sheet and an additional ten dollars **\$40 or \$70**.

INJURY WAIVER

I understand that there are risks of physical injury while participating in the sport of volleyball. My signature below releases Little Wolf High School, the School District of Manawa, all Manawa coaches and clinic coaches, and the Manawa Athletic Booster Club from any liability for injury or loss of personal property during my participation in this summer volleyball clinic program taking place on Monday July 17 & Tuesday July 18, 2023

Athlete _____

Address _____

Phone #(____) _____

Parent Signature _____

Date ____/____/____