



JOHNSON COUNTY
PARK & RECREATION
DISTRICT

Okun Fieldhouse

2009 Volleyball Coach's Clinic

Date: Sunday, August 16th

Time: 1:00 - 4:30 pm

New Advanced Clinic: 4:45 - 7:15 pm

Location: Okun Fieldhouse
20200 Johnson Drive, Shawnee

Clinic Instructor Rachel Magana

Rachel Magana is the founder and director of the Southwind Volleyball Tribe. Rachel has been involved with the sport of volleyball for over 20 years as a player, coach, director, and official. Her strength lies in developing fundamental skills in players and teams.

For Information
about Registration,
clinic format
or any other questions,
contact

Jamie Kempfe at
913-422-5599 x 14 or
jamie.kempfe@jocogov.org.

Inclement Weather

913-312-8842

Clinic Fee:

Attend one or both sessions. Attend both for a discount!

\$40/\$44 non-county resident (1:00 - 4:30 pm session)

\$30/\$33 non-county resident (4:45 - 7:15 pm session)

\$60/\$66 non-county resident (Both Sessions)

What Should Coaches Wear?

Gym clothes and tennis shoes are required, as you will learn by doing!

Volleyball Programs

Okun Fieldhouse hosts volleyball leagues in the Spring, Summer, Fall, and Winter for 3rd grade-HS players.

Who Will Benefit From This Clinic?

Both new and experienced coaches will gain great coaching philosophies for games, and drills for practices, from a veteran coach.

1:00 - 4:30 Clinic Highlights

- Offensive Drills
- Defensive Drills
- Fundamental Drills
- Rules of the Game
- Philosophy of the Game
- Classroom & on floor instruction will be used
- Coaching literature will be available

Advanced Clinic Highlights

- Geared for junior high, high school, and club coaches
- Covers rotational and perimeter defense
- Covers 5 - 1 and 6 - 2 offense
- Will discuss different defensive and offensive scenarios

How to Register:

Mail: JCPRD, Registration - Bldg. C, 6501 Antioch Rd., Shawnee Mission, KS 66202

Fax: (913) 831-6336

In person: At the location above, between 8:30 am - 5:00 pm, M - F.

All returned checks are subject to a \$20 service charge!



Johnson County Park & Recreation District

2009 Volleyball Coach's Clinic Registration Form

Clinic Information

Session Time	Date	Fee	League Code
1:00 - 4:30 pm	Sunday, Aug. 16	\$40/\$44	93-8511-084-05
4:45 - 7:15 pm	Sunday, Aug. 16	\$30/\$33	93-8511-084-06
Both Sessions	Sunday, Aug. 16	\$60/\$66	93-8511-084-07

Please check the appropriate box!

1:00 - 4:30 pm	\$40/\$44	93-8511-084-05	<input type="checkbox"/>
4:45 - 7:15 pm	\$30/\$33	93-8511-084-06	<input type="checkbox"/>
Both Sessions	\$60/\$66	93-8511-084-07	<input type="checkbox"/>

Registration Information

1. **Full** payment is due at time of registration
2. \$20 additional Service Charge on all returned checks.
3. Payment methods accepted: Check, Cash or Credit Card (Visa, MasterCard, or Discover)
4. Refunds will be made only clinic is canceled by the Recreation District.

Coach's Information

Coach's Name: _____ Email: _____

Address: _____

City: _____ Phone (Day): _____

State: _____ Zip: _____ Phone (Eve): _____

Phone (Cell): _____

Payment Information - - Make checks payable to JCPRD

WAIVER STATEMENT: "The undersigned states that he/she understands that the Johnson County Park and Recreation District is not and shall not be responsible for or liable for any illness, or injury to person or damage to property resulting from the program in which the undersigned is enrolling or being enrolled or from his/her participating in said program, and the participant and the undersigned, if the participant is a minor or under other legal disability, hereby forever releases and holds harmless the said Johnson County Park and Recreation District, it's employees, agents and representatives from any and all claims of any kind that the participant, or the undersigned or their respective heirs, executors, administrators, or assigns may have or claim to have resulting from participation in said program. Also, the undersigned and the participant authorize the Johnson County Park and Recreation District to use at its discretion any photograph(s) or video taken of the participant while participating in the program and waive any and all claims that the participant or undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions.

Please charge all fees to MC VS or DS

Card Number: _____

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Expires: ____ - ____ **CID#:** _____

(Your 3-digit number Credit Card Identification Code [CID] is located on the back of your credit card on the signature line after the card number or last four digits of your credit card number. **We cannot process your registration or hold a placement without this information.**)

Name as Printed on Charge Card: _____

To Submit: Mail: JCPRD - Registration Bldg. C 6501 Antioch Rd., Shawnee Mission, KS 66202
 Fax: (913) 831-6336 In person, at the location above, between 8:30 am - 5 pm, M - F.

REFUND POLICY: Refunds will be made only when leagues are filled or cancelled by the Johnson County Park and Recreation District. Refunds may take 2-3 weeks.

JCPRD is committed to making reasonable accommodations as required by the Americans With Disabilities Act. Requests must be made two weeks or ten working days prior to the start of the program. Please indicate what accommodations are needed:

I HAVE READ & UNDERSTAND THE WAIVER STATEMENT & CANCELLATION POLICIES; REGISTRATION INVALID WITHOUT SIGNATURE.

X _____
 Signature of person registering participant/s