

# Dunes Volleyball Club



# FALL BALL



Dunes Volleyball Club is hosting its annual Fall Ball volleyball clinic, **Sundays**, from September 9<sup>th</sup>– October 7<sup>th</sup>. Fall Ball acts as a supplement to middle school practices, and as a learning experience for elementary school players. Clinic will include specific skill instruction and competitive game play.

Clinic is held at our NEW facility, Dunes Events Center, 110 Clear Lake Blvd., La Porte, IN 46350.

## Tikes

**Time:** 11:30pm - 12:30pm CST  
**Age:** Girls & Boys in 2<sup>nd</sup> grade & under  
**Pre-Registration Discount:** \$45.00  
**Same Day Sign-up:** \$55.00

## Newcomers

**Time:** 11:30am - 1:00pm CST  
**Age:** Girls & Boys in 3<sup>rd</sup> – 4<sup>th</sup> grade  
**Pre-Registration Discount:** \$65.00  
**Same Day Sign-up:** \$75.00

## All Skills

**Time:** 11:30am - 1:30pm CST  
**Age:** Girls & Boys in 5<sup>th</sup> - 8<sup>th</sup> grade  
**Pre-Registration Discount:** \$100.00  
**Same Day Sign-up:** \$110.00

## Challenge

*\*\*For advanced players to prepare for elite competition*

**Time:** 11:00am – 2:00pm CST  
**Age:** Girls & Boys in 6<sup>th</sup>– 8<sup>th</sup> grade  
**Pre-Registration Discount:** \$130.00  
**Same Day Sign-up:** \$140.00

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Please register and pay online, or fill out the form below and mail with your payment to:

Dunes Volleyball Club  
P.O. Box 684  
Michigan City, IN 46361

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Camp attending: \_\_\_\_\_ T-Shirt size: \_\_\_\_\_

\*\*\* In order to receive the Pre-Registration discount, registration form and payment must be submitted before the first day of camp.

### **Assumption of Risk and Release from Liability – Dunes Volleyball Club**

I, hereby give \_\_\_\_\_ (Student's Name), permission to participate in the Dunes Fall Ball Volleyball Camp. I will not hold the sponsor of the camp or Dunes Volleyball Club liable for any injuries that may occur. I take responsibility for any injuries and medical emergencies that may occur to the student listed above at this camp I have adequate hospitalization insurance to cover any injuries that may occur.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please check our website, [www.dunes.org](http://www.dunes.org), for more information. You may also contact Rick Ashmore, at [rashmore@dunes.org](mailto:rashmore@dunes.org) with additional questions. You do not have to be a member of Dunes Volleyball Club to participate in our Fall Ball clinic. Please make checks payable to Dunes Volleyball Club.