



“LET’S PLAY” VOLLEYBALL CLINIC

Where: Valley View School, Watchung, NJ
For: Any student in 5th through 9th grade
When: 6:00 to 8:00 pm
9/14, 9/28, 10/5, 10/12, 10/19, 10/26
Cost: \$275

Our “Let’s Play” Clinics are filled with games and fun. There are no drills. Instead, just endless competitions and games. Campers will experience countless repetitions and numerous game-like situations each day, all while having a blast with their friends. The campers don’t even know they’re getting better. But believe me, they are, and they will.

TO REGISTER: EMAIL MR.B AT MRBSSPORTSCAMPS@YAHOO.COM

**CHECKS PAYABLE TO B-ACTIVE LLC OR VENMO AT MATT-BUGLOVSKY
MAIL REGISTRATIONS/PAYMENTS TO PO BOX 79, POTTERSVILLE, NJ 07979**

Camper’s Name _____ Grade _____
Email _____ Cell _____
Address _____

PLEASE CHOOSE THE LEAGUE THAT YOUR CHILD WOULD MOST LIKELY WANT TO PARTICIPATE IN:

A League _____ Mostly 7th - 9th graders with experience. Serve overhand, and teams pass, set, and swing on most possessions.
B League _____ Mostly 5th - 7th graders with less experience. Most serve underhand, with teams sometimes passing to each other, and other times, they just hit the ball over the net.

Health Certification Statement: I hereby certify that my son/daughter is in good physical health and may participate in all camp athletic activities. This permission also constitutes release of liability on the part of the Borough of Watchung/Watchung Recreation and Mr. B’s Sports Camps and staff/or any of their employees for any accident, injury or any damage or loss incurred during this activity or any part of this program. Furthermore, my signature authorizes the camp staff to act using their best judgment in any emergency requiring medical attention.

Parent Signature _____ Date _____