



## 2009 "Tune Up for Tryouts"

Spend a few hours with our experienced AVC coaches to maximize your club tryout performance! Each session will offer individualized skill instruction followed by competition and/or scrimmage. Come to one – or several; you won't want to miss this opportunity! This year we're at the brand new Washington-Lee High School gymnasium. Hope to see you there!

**When:**      **Session 1** – Tuesday, November 3, 7:30 – 10:00pm  
                  **Session 2** – Wednesday, November 11, 7:00 – 9:30pm  
                  **Session 3** – Thursday, November 12, 7:00 – 9:30pm

**Place:**      Washington-Lee High School  
                  1301 N. Stafford Street  
                  Arlington, VA 22201  
                  Use Entrance 1 on Stafford Street.  
                  Eight blocks from the Ballston Metro.

**Cost:**        \$40.00 per session

**All participants must register with USAV** for insurance purposes. To register, go to [www.chrva.org](http://www.chrva.org) and click on the "Register for CHRVA" link. Check "undecided" for team choice. Thirty dollars of the \$40 registration fee is refundable from USAV. This registration is required to try out as well.

Make clinic checks payable to "Arlington Volleyball Club." Walk-ins will be accepted on a space available basis. To pre-register for the clinics, complete the form below and send with payment **two weeks prior to your first session** to: **Carol Arnold**, 3312 N. 23<sup>rd</sup> Road, Arlington, VA 22201.

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***AVC Tune Up for Tryouts - Registration Form***

I will attend the following session(s):     Session 1       Session 2       Session 3

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

2010 USAV Membership #: \_\_\_\_\_ Club: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Phone: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Waiver:** I hereby, for myself, my heirs, personal representatives and executors, waive, release, and forever discharge any and all rights and claims for loss or damages which may have or may hereafter accrue to me against the organizers and sponsors of this Volleyball Clinic, including without limitations, Arlington County, and any other supporters and their representatives, for any and all injuries which may be suffered by the attendee at the event. I attest and verify that the attendee is physically fit to engage in this activity.

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Parent/Legal Guardian

Date