



2016 FALL & WINTER CLINICS FOR GIRLS & BOYS

COLUMBUS DAY VOLLEYBALL & BASKETBALL CLINIC - Oct. 10

1.5 hours of each sport with Elite's Staff and Lockdown's Mike Glennon
1st - 4th & 5th - 8th Grade at Oak Lawn Pavilion, 9:30am - 12:30pm, \$40

VOLLEY SCHOOL WITH THE PROS

Palos Courts on Wednesdays, 1st - 5th Grade
Nov. 16th - Dec. 14th, 4:15pm - 5:45pm, \$125

DAY AFTER THANKSGIVING - Nov. 25

10:00am - 12:00pm

1st - 8th Grade at Evergreen Fitness, \$25

Coming Soon!! Coaches Clinic, High Level Positional Clinics & Christmas Break Clinics TBA at

WWW.ELITEVOLLEYBALLPROGRAM.COM

"Join Our Email List" on our website for more details!

The directors bring an extensive, high profile careers as players and coaches...

Therese Boyle Niego...

- Division 1 National Champion, All-American and Hall of Fame Recipient at University of the Pacific
- State Champion, All-State Team, Jersey Retired - Mother McAuley HS
- Played and coached in the U.S. Professional League
- Coached Loyola University to Division 1 NCAA tournament

Anne Eastman Kuziela...

- Academic and All Big-Ten Player of the Year at Univ. of Indiana
- Captain of the U.S. Olympic Festival Team
- Member of our U.S. National team at the World Games in Japan
- Played professionally in Switzerland and the U.S. Pro League

Mike Glennon...

- Director of the Skill Development Program at Chicago Lockdown
- Prepares & Trains Collegiate Players for the NBA Combine in Chicago
- Played at De La Salle H.S.
- Played at St. Mary's University of Minnesota

Pre-Registration Options...

Option #1: Register & pay electronically by logging on to WWW.ELITEVOLLEYBALLPROGRAM.COM (small fee incurred)

Option #2: Contact tbn@elitevolleyballprogram.com or 773-238-4859 to reserve a spot

If you chose Option #2 for pre-registration, please bring form and payment to clinic.

Name: _____ Home Phone: _____ Grade: _____

Emergency Phone: _____ Parent E-Mail: _____

In the year of 2016, to the fullest extent permitted by law, I hereby consent and agree to assume all responsibility for any and all risks of damage or injury to my child or my property that may occur in, on, or about the facilities used in connection with this clinic and that I use such facilities, equipment and instruction at my own risk. To the fullest extent permitted by law, I hereby fully and forever release and discharge all instructors, the school & facility and the employees of the facility from any and all liability, claims, demands, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, which may accrue to my child, for any damages or injury received either in or about the facilities, equipment or instruction of the clinic. I hereby acknowledge that I am the sole judge of my child's physical abilities and condition to engage in this clinic for which the release is given. In the event of an emergency, I give the clinic staff permission to act accordingly to my child's best interest.

► Parent/Guardian Signature: _____ Date: _____