

Volleyball
Hall of
Fame



Holyoke, Massachusetts

Hi-Performance Athletic Clinic

Males & Females Ages 14-18

July 28 – 31, 2008 • 9:00am-3:00pm

Holyoke Community College Bartley Athletic Center

Headed by local legend Andy Calisewski and supported by area experts Roxann Link, Ray Ricard, George Mulry and Sean MacDonald in collaboration with the Volleyball Hall of Fame, this competitive and challenging program will include professional, instruction in:

- Proper conditioning and warm-ups
- Tactics
- Game Skills at All Positions & Drills
- Rules Education
- Individual and Team Play

Our focus is on teaching skills and game knowledge essential in improving their game. We offer one-on-one attention while learning the tactics and group work necessary to develop into a well-rounded team player. The program allows for specialization at every position.

Participants will receive an official Volleyball Hall of Fame shirt and free passes to the Volleyball Hall of Fame.

Clinic Date: July 28-31, 2008

Time: 9:00am-3:00pm

Fee: \$259.

Registration Deadline: July 23rd

**Full payment is due upon registration. No refunds will be granted after the clinic begins.
Questions / more information: call Theresa at 413-552-2320**

LOCATION

The clinic will be held at The Bartley Center for Athletics and Recreation Center and it's 3-court facility, one of the finest in New England. Participants are to be dropped off at the front of the Bartley Center. Transportation must be furnished by participants. The college will not accept responsibility for participants arriving before 8:45 a.m. and leaving after 3:15 p.m.

EQUIPMENT

Required is a pair of clean sneakers for indoors, and appropriate clothing. We recommend a water bottle with the student's name clearly marked on it. Cold drinks will be available for purchase at the college. Participants must bring a non-perishable lunch with their name clearly written on it.

Holyoke Community College reserves the right to make changes as circumstances dictate.

Clinic Director Andy Calisewski

Andy Calisewski has over 50 years experience as a player, coach, and certified official at all levels. Currently coach of the HCC Cougars Woman’s Volleyball Team and also coach of the Boys 18-Elite Junior Olympic Volleyball Team.

Coach Roxann Link

Assistant Coach at Amherst College Woman’s Team. 30+ years experience as a player, rater, trainer, coach and Board Certified Official. New England Junior Olympic Girls Volleyball Commissioner. Club Director of the Western Mass. Junior Olympic program.

Coach Ray Ricard

30+ years experience as a player, rater, trainer, coach and Board Certified Official. Western Mass Junior Olympic Coaches Advisor.

Coach George Mulry

7 years experience as a player and coach. Board Certified Official. Currently Boy’s and Girl’s Volleyball Coach at Longmeadow High School. 2007 Western Mass. Girl’s champions. Currently coach of the Junior Olympic Girl’s 17-Elite team.

Coach Sean MacDonald

10 years experience as a player and coach. Board Certified Official. Western Mass Champions 2005, 2006, 2007. State champions 2005, 2006, and runner-up 2007. Coach of the Junior Olympic 18 Elite team.

**Volleyball Hall of Fame Hi-Performance Clinic
(CSS 307-05, CRN 25288)**

Name: _____ Date of Birth: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Emergency contact name & telephone: _____

Health concerns/conditions/allergies: _____

In case of medical emergency where I cannot be reached, I hereby give permission to transport and admit my child to a local hospital for the purpose of emergency medical treatment. I release Holyoke Community College, it’s employees and agents from any liability for player injuries sustained during competition or instruction or incurred during the transportation and admission of my child to a local hospital for emergency medical treatment. I certify that my child is in good health and can participate in the physical activities associated with Volleyball without limitations. Parents and legal guardians are responsible to communicate directly to the Trainer/Nurse all allergies, medical concerns and conditions before the start of this program. Players are expected to have their own medical insurance. I also confirm that my daughter(s) have had all health immunizations, are in good health and can participate in challenging, athletic activities without limitation. I as parent/guardian agree to the above.

Parent/Guardian Signature: _____ Date: _____ Participant T-Shirt size _____

Payment by cash, charge, or check payable to: ‘HCC Community Services’

Credit Card VISA MC Discover Amount \$ _____

Account Number _____ Date Of Expiration _____

Signature _____