

MEDICAL INSURANCE INFORMATION

Listed is (are) the medical condition(s) and allergies the college should be aware of concerning the registered minor child:

The college should be aware that the registered minor child is taking the following medication(s):

Please provide your medical insurance information:

MEDICAL RELEASE

If the named minor child is in need of medical attention, as the result of either illness or injury, I do hereby give my permission for Kirkwood Community College to provide or see that the necessary care is provided. Additionally, I give the college permission to submit my medical insurance information to any medical provider caring for the named minor child.

WAIVER AND RELEASE OF LIABILITY

I hereby give my permission as the parent or guardian of the named child to participate in Youth Class/Clinic Activities at Kirkwood Community College. I acknowledge that Participant is physically and mentally able to participate in these activities and programs. I understand there are certain risks associated with those activities and programs, and I assume the risks to Participant associated with those activities and programs. I understand that I am responsible for insurance coverage for Participant.

I, as an authorized representative of the participant, understand that participation in Youth Class/Clinic Activities is conditional upon execution of this Waiver and Release of Liability. In consideration of permission to participate, I agree to defend, indemnify, and hold the college and the Kirkwood Community College Facilities Foundation and all of its departments, trustees, directors, officers, servants, agents, employees, and applicable media vendors harmless from any and all claims of libel, slander, invasion of the right to privacy, or bodily injury, property damage, or other incident, whether arising out of participation or otherwise.

I accept the above terms and conditions of the Waiver and Release of Liability.

Parent or Guardian Signature:

Date

MEET THE COACHES



DAVE BROWN
Head Coach
4th Season



KEVIN GEARY
Assistant Coach
13th Season



TRYSTIN POSIVIO
Assistant Coach
4th Season

It is the policy of Kirkwood Community College not to discriminate in its programs, activities, or employment on the basis of race, color, national origin, sex, disability, age, sexual orientation, gender identity, creed, religion, and actual or potential family, parental or marital status. If you have questions or complaints related to compliance with this policy, please contact the Vice President, Human Resources and Institutional Effectiveness (employees) or the Vice President of Student Services (students), 6301 Kirkwood Blvd. SW, Cedar Rapids, IA 52404, 319-398-5572, equity@kirkwood.edu, or the Director of the Office for Civil Rights, U.S. Department of Education, Cesar E. Chavez Memorial Building, 1244 Speer Boulevard, Suite 310, Denver, CO 80204-3582, Telephone: (303) 844-5695 FAX: (303) 844-4303, TDD 800-877-8339 Email: OCR.Denver@ed.gov.

2026

VOLLEYBALL SKILLS CLINIC

KIRKWOOD VOLLEYBALL

SKILLS CLINIC

JULY 13 (SETTING/PASSING/DEFENSE)

This clinic will focus on the footwork for setting and passing. Participants will also work on different types of sets and ball control when passing. They will get an understanding of defensive positions and will get reps from a variety of attacks.

Grades: 4 – 12 | Class ID: 160060

Time: 9:30 a.m. – noon

Fee: \$55 (Includes a T-shirt)

JULY 14 (ATTACKING/BLOCKING/SERVING)

This clinic will focus on attacks and kinds of attacks, blocking footwork, and different kinds of serves.

Grades: 4 – 12 | Class ID: 160059

Time: 9:30 a.m. – noon

Fee: \$55 (Includes a T-shirt)

How to Sign Up:

Print and mail with payment to the address provided or register online at www.kirkwood.edu/ce by searching **Skills Clinic**, or call 319-398-5640 with registration questions.

To guarantee a T-shirt, registration and payment are due by 5 p.m., July 1. Each session is limited to 80 participants.

For girls and boys entering grades 4 – 12 in the fall of 2026. Participants will be split into age/skill levels at the clinic. These clinics are designed to help players with their fundamentals and then to apply them to the game of volleyball. Clinics will be held at the Michael J Gould Recreation Center and Johnson Hall, depending on the attendee numbers.

ALL SKILLS CLINIC

JULY 15 – ALL SKILLS CLINIC

This clinic will focus on all general skills of playing volleyball: offensive and defensive transition, serve and serve receive, and general play.

Grades: 4 – 12 | Class ID: 160061

Time: 9:30 a.m. – noon

Fee: \$55 (Includes a T-shirt)

How to Sign Up:

Print and mail with payment to the address provided or register online at www.kirkwood.edu/ce by searching **All Skills Clinic**, or call 319-398-5640 with registration questions.

To guarantee a T-shirt, registration and payment are due by 5 p.m., July 1. Each session is limited to 80 participants.

All participants, coaches, and staff members are encouraged to bring their own water bottles for the entirety of each clinic.

For more information about the clinics, contact Lynn Lueck at 319-398-4909 or lynn.lueck@kirkwood.edu.

REGISTRATION FORM

Participant Name _____

Address _____

City, State, ZIP _____

Home Phone Number _____

T-shirt Size (youth) M L (adult) S M L XL _____

Date of Birth _____ Age _____

Grade (fall 2026) _____

Parent or Guardian Name _____

Email Address _____

Daytime Phone Number _____

Emergency Phone Number _____

Alternate Emergency Contact _____

Alternate Emergency Phone Number _____

SESSIONS

JULY 13 (SETTING/PASSING/DEFENSE)

Grades 4 – 12 Class ID: 160060 \$55

JULY 14 (ATTACKING/BLOCKING/SERVING)

Grades 4 – 12 Class ID: 160059 \$55

JULY 15 – ALL SKILLS CLINIC

Grades 4 – 12 Class ID: 160061 \$55

Total Sessions _____ **Total Enclosed \$** _____

Make check payable to Kirkwood Community College.

Mail check and registration to:

**Kirkwood Community College
Continuing Education
6301 Kirkwood Blvd. SW
Cedar Rapids, IA 52404**